

PROCEDURES FOR RELEASE OF DATA

UB-92 PATIENT DISCHARGE DATA VARIABLES AND SPECIFICATIONS

**HEALTH CARE SYSTEMS ANALYSIS
RESEARCH AND DEVELOPMENT
NEW JERSEY DEPARTMENT OF HEALTH
AND SENIOR SERVICES**

Revised 4/99

CONTENTS

	<u>Page No.</u>
<u>INTRODUCTION</u>	
Information Available for Release	2
A. Tapes	2
B. Reports	3
C. Review of In-house Data	3
<u>ATTACHMENTS</u>	
A. Output Files (Tape, Cartridge, CD-ROM) 1985-1998	5
B. Non-confidential Data Release Form.....	15
C. Confidential Data Release Form	16
D. Examples of Reports	18
E. In-house Data.....	19
F. Data Field Descriptions, UB-92 File.....	21
G. Appendices For Discharge Data, UB-92 File	32
H. UB-92 Revenue Codes	54
I. UB-92 Hospital Names and ID Numbers	56
J. UB-92 Record Layouts	58

PROCEDURES FOR RELEASE OF DATA

Health Care Systems and Analysis

INTRODUCTION

The New Jersey State Department of Health collects detailed files of patient and facility data. Research and Development (R&D) has available medical discharge abstracts and patient bills for years 1976 and forward. Since 1981, data sets containing patient specific information, have been collected through Uniform Bill-Patient Summary (UB-92) records.

Research and Development and Health Care Facilities Rate Setting both collect cost forms by facility. Prior to the passage of the Health Care Reform Act (Chapter 160) on November 30, 1992, UB-92 and hospital cost data were merged to produce DRG rates. Both of these data sets continue to be used for analytical purposes and serve as valuable research data since they are statewide and reflect patients discharged from acute care facilities.

Under New Jersey's Right to Know Law, N.J.S.A. 47:1A-1 *et seq.* data collected by regulation, unless protected by specific program statutes or regulations, must be available for inspection and copying by the public. The Right to Know Law further states that only reports or data required by law to be made, maintained or kept on file are required to be released to the public. The Department is not obligated to do any special programming or research at the request of an outside agency. The public may view certain paper data reports at the Department's convenience and under Departmental supervision.

Requests for either computerized or hard copy reports should not interfere with the normal day-to-day functioning of the Department's programs.

Research and Development has two regulations in effect which protect the confidentiality of individuals identified on records collected. They are as follows:

1. Rule on Hospital Reporting; Patient Case-Mix, N.J.A.C. 8:31A-8.1, The "Abstract Regulation";
2. Uniform Bill-Patient Summary (Inpatient) Regulations, N.J.A.C. 8:31B-2.

Under these procedures, the names and other potential identifying information of individual patients and physicians are protected, but names of facilities and payers are not protected.

This document describes the procedures to be followed when a request for any data is submitted.

Information Available for Release

A. Data (Patient Specific)

The data most often requested is statewide annual UB-92 data. However, quarterly data is also available. The following discussion uses the yearly UB-92 data as an example, but the procedures are generic to any patient specific data.

1. Certain data items collected by R & D are confidential. These items could identify a patient or physician.
2. Non-confidential data is available which contains masked confidential data items. Anyone can request non-confidential data. A letter of request must be submitted to the Department explaining the data's intended use. The letter will be reviewed and a decision rendered. Once approved, a release form must be signed. Attachment A is a list of data items that are masked (C) and a list of non-masked (NC) data items. Attachment B is a copy of a release form for non-confidential data.
3. Confidential data is available only to research organizations where the benefits of the research for the public good outweigh the risk of disclosure of confidential information. A completed request and a proposal for the research must be submitted to the Department. The proposal will then be reviewed by the Director of R & D. If the Director approves the proposal it will then be reviewed by the Department's Institutional Review Board (IRB). An approval from the IRB will require that a release form be signed by the requestor and a representative from the Department.

A release form for confidential data is contained in Attachment C.

4. Individual organizations may request their own confidential data through a letter of request. Organizations may also request release of their data to their agents by a letter of request.
5. Each requestor will receive an acknowledgement letter, either from R & D or its subcontractor, with an estimated time frame for receipt of data and the cost.
6. The cost of either type of data will depend upon the scope of data requested and will reflect all of the costs incurred by R & D or its subcontractors in filling the request.
7. Data sets are available on 9 track reel tape, 3480 tape cartridge or CD ROM. All tapes/cartridges are IBM Standard Label. The record length is 700, block size 15,400. Files are written in EBCDIC, include binary fields, and are not compatible with ASCII PC Computer files and not readable with conventional PC computer software. The CD ROM contains a Subset File of the fields on the tape for complete years only beginning with 1995 in DBF format and for 1997 in ASCII format. Data are available quarterly and yearly on 9 track tape or 3480 cartridge.

All proposals and letters of request for data should be sent to the following:

Project Manager
Research and Development
TOC Building
225 East State Street, 8th Floor
New Jersey Department of Health
PO 360
Trenton, NJ 08625-0360

B. Reports

1. Reports generated from the non-confidential data file and paid for by a user are considered public.
2. Should a potential user desire copies of a report generated for another user, the potential user will be referred to the original user.
3. Research and Development (R & D) or its subcontractors may prepare reports for any user, based on non-confidential data, when the report is requested in writing with exact specifications. For the first 12 months after release of each report, R & D will charge the same fee to all other requestors. After the 12 month period has elapsed, R & D will re-evaluate the fee.
4. Certain standard reports will be available on a routine basis. Attachment D lists some reports that previously have been generated. Other reports may be created as needed.
5. In general, any reports generated will adhere to the "Rule of 5", wherein cells showing reporting units (patient or physician data items) of less than 5 in number, will be aggregated with other cells or not published. Examples of such identifiable units are age over 90, length of stay over 100 days, or a single patient in a Diagnosis Related Group (DRG).

All letters of request and proposals should be sent to the following:

Project Manager
Research and Development
TOC Building
225 East State Street, 8th Floor
New Jersey Department of Health and Senior Services
PO 360
Trenton, NJ 08625-0360

C. Review of In-house Data

1. Routine collected data, non-confidential in nature and required by law, such as facility cost forms or rate package material, may be inspected at the Department of Health and Senior Services. Data reports created by the Department for a specific hospital, such as management reports, are not public information because they are not required by law to be created or kept on file.

2. Individuals wishing to review or copy public information data from in-house forms must make an appointment with the appropriate program. Such requests will be reviewed by the program's contact person.
3. In order to allow programs ample time to prepare for outside review of in-house data, appointments will be made no earlier than 7 working days from the date of a telephone request or receipt of a letter request for an appointment.
4. A letter of request verification must be received no later than 5 working days before the appointment, for inspection or copying of paper reports. The request verification letter must specify the name of the person who will review the documents, and the intended use of such data.
5. All files will be reviewed in an area designated by the program to guarantee privacy.
6. Copying charges must be paid at the time of copying. The charges are:

First page to Tenth page	\$0.75 per page
Eleventh page to Twentieth page	\$0.50 per page
All pages over 20	\$0.25 per page

Payment must be by check payable to the New Jersey State Department of Health and Senior Services.

7. Requests from individuals appearing without an appointment will not be honored.
8. At no time should outside reviews or copying of data interfere with a program's functioning.
9. Failure to comply with these procedures will cause considerable delay in acquiring any information maintained by the programs.
10. A listing of in-house data, which may be inspected at the Department, is found in Attachment E, with the appropriate program contract.
11. Data in storage will be subject to the same guidelines as in-house data. Requestors may review data at the place of storage with the written consent of the contact person from the appropriate program. Under no circumstances will stored data be released to anyone other than the contact person of the originating program.

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	State Share Number Division Code	T	T	T	T	T
C	Discharge Date	T	T	T	T	T
C	Patient Control Number (Billing #)	T	T	T	T	T
NC	Record Number	T	T	T	T	T
C	Medical Record Number	T	T	T	T	T
C	Admission Date	T	T	T	T	T
NC	ACU Days	T	T	T	T	T
NC	SNF Days	T	T	T	T	T
NC	ICF Days	T	T	T	T	T
NC	RES Days	T	T	T	T	T
NC	Patient Discharge Status	T	T	T	T	T
NC	Patient Zip Code/Extension	T	T	T	T	T
NC	Residence Code	T	T	T	T	T
NC	Marital Status					T
NC	Patient Sex	T	T	T	T	T
NC	Patient Race	T	T	T	T	T
C	Patient Date of Birth	T	T	T	T	T
C	Patient's Last Name				T	T
C	Patient's Middle initial				T	T
C	Patient's First Name				T	T
NC	Hispanic Ethnicity Code				T	T
NC	Admission Hour	T	T	T	T	T
NC	Admission Type	T	T	T	T	T
NC	Readmission	T	T	T	T	T
NC	Admission Source	T	T	T	T	T
NC	Employment Information #1			T	T	T
NC	Employment Status #1			T	T	T

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	Employment Information #2			T	T	T
NC	Employment Status #2			T	T	T
NC	Primary Payor Code	T	T	T	T	T
NC	Secondary Payor code	T	T	T	T	T
NC	Tertiary Payor Code	T	T	T	T	T
C	Insured's ID Number			T	T	T
NC	Transfer In Code	T	T	T	T	T
NC	Transfer Out Code	T	T	T	T	T
C	Attending Physicians Code	T	T	T	T	T
NC	Attending Physician Speciality	T	T	T	T	T
C	Attending Physician UPIN					T
C	Surgeon Code	T	T	T	T	T
C	Surgeon UPIN					T
NC	E-Code				T	T
NC	Century Indicator	T	T	T	T	
NC	Injury Condition Code					T
NC	Do Not Resuscitate					T
C	Mother's Medical Record Number					T
NC	Birth Weight		T	T	T	T
NC	APGAR Score					T
NC	Primary Diagnosis Code	T	T	T	T	T
NC	Secondary Diagnosis Code	T	T	T	T	T
NC	Third Diagnosis Code	T	T	T	T	T
NC	Fourth Diagnosis Code	T	T	T	T	T
NC	Fifth Diagnosis Code	T	T	T	T	T
NC	Sixth Diagnosis Code	T	T	T	T	T
NC	Seventh Diagnosis Code	T	T	T	T	T

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	Eight Diagnosis Code	T	T	T	T	T
NC	Ninth Diagnosis Code	T	T	T	T	T
NC	Primary Procedure Code	T	T	T	T	T
C	Primary Procedure Date	T	T	T	T	T
NC	Second Procedure Code	T	T	T	T	T
C	Second Procedure Date	T	T	T	T	T
NC	Third Procedure Code	T	T	T	T	T
C	Third Procedure Date	T	T	T	T	T
NC	Fourth Procedure Code	T	T	T	T	T
C	Fourth Procedure Date	T	T	T	T	T
NC	Fifth Procedure Code	T	T	T	T	T
C	Fifth Procedure Date	T	T	T	T	T
NC	Sixth Procedure Code	T	T	T	T	T
C	Sixth Procedure Date	T	T	T	T	T
NC	Seventh Procedure Code	T	T	T	T	T
C	Seventh Procedure Date	T	T	T	T	T
NC	Eighth Procedure Code	T	T	T	T	T
C	Eighth Procedure Date	T	T	T	T	T
NC	Hospital DRG Number	T	T	T	T	T
NC	Bill Type	T	T	T	T	T
NC	Estimated Responsibility Primary Payor					T
NC	Estimated Responsibility Secondary Payor					T
NC	Estimated Responsibility Tertiary Payor					T
NC	Estimated Responsibility Patient					T
NC	Total Estimated Responsibility					T
NC	Total Charges	T	T	T	T	T
NC	Hospital Outlier Code	T	T	T	T	

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	DRG Assigned	T				
NC	Grouper Procedure	T				
NC	MSA Days	T	T	T	T	T
NC	MSA Charges	T	T	T	T	T
NC	OBS Days	T	T	T	T	T
NC	OBS Charges	T	T	T	T	T
NC	PED Days	T	T	T	T	T
NC	PED Charges	T	T	T	T	T
NC	PSA Days	T	T	T	T	T
NC	PSA Charges	T	T	T	T	T
NC	BCU Days	T	T	T	T	T
NC	BCU Charges	T	T	T	T	T
NC	ICU Days	T	T	T	T	T
NC	ICU Charges	T	T	T	T	T
NC	CCU Days	T	T	T	T	T
NC	CCU Charges	T	T	T	T	T
NC	NNI Days	T	T	T	T	T
NC	NNI Charges	T	T	T	T	T
NC	NBN Days	T	T	T	T	T
NC	NBN Charges	T	T	T	T	T
NC	EMR Visits	T	T	T	T	T
NC	EMR Charges	T	T	T	T	T
NC	CLN Visits	T	T	T	T	T
NC	CLN Charges	T	T	T	T	T
NC	HHA Visits	T	T	T	T	T
NC	HHA Charges	T	T	T	T	T
NC	ANS Minutes Used	T	T	T	T	T

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	ANS Charges	T	T	T	T	T
NC	CCA Procedures	T	T	T	T	T
NC	CCA Charges	T	T	T	T	T
NC	DEL Procedures	T	T	T	T	T
NC	DEL Charges	T	T	T	T	T
NC	DIA Treatments	T	T	T	T	T
NC	DIA Charges	T	T	T	T	T
NC	DRU Pharmacy Used	T	T	T	T	T
NC	DRU Pharmacy Charges	T	T	T	T	T
NC	EKG Procedures	T	T	T	T	T
NC	EKG Charges	T	T	T	T	T
NC	LAB Tests	T	T	T	T	T
NC	LAB Charges	T	T	T	T	T
NC	MSS Supplies	T	T	T	T	T
NC	MSS Supply Charges	T	T	T	T	T
NC	NEU Number of EEGs & EMGs	T	T	T	T	T
NC	NEU Charges	T	T	T	T	T
NC	NMD Procedures	T	T	T	T	T
NC	NMD Charges	T	T	T	T	T
NC	OCC Therapy Visits	T	T	T	T	T
NC	OCC Thrapy Charges	T	T	T	T	T
NC	ORR Procedures	T	T	T	T	T
NC	ORR Charges	T	T	T	T	T
NC	ORG Transplants	T	T	T	T	T
NC	ORG Charges	T	T	T	T	T
NC	PHT Visits	T	T	T	T	T
NC	PHT Charges	T	T	T	T	T

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	PSY Hours	T	T	T	T	T
NC	PSY Charges	T	T	T	T	T
NC	RAD Used	T	T	T	T	T
NC	RAD Charges	T	T	T	T	T
NC	RSP Treatments	T	T	T	T	T
NC	RSP Charges	T	T	T	T	T
NC	SPA Visits	T	T	T	T	T
NC	SPA Charges	T	T	T	T	T
NC	THR Procedures	T	T	T	T	T
NC	THR Charges	T	T	T	T	T
NC	SDS Visits	T	T	T	T	T
NC	SDS Charges	T	T	T	T	T
NC	EXC Excluded Revenue Codes	T	T	T	T	T
NC	EXC Excluded Charges	T	T	T	T	T
NC	NAC Revenue Codes	T	T	T	T	T
NC	NAC Charges	T	T	T	T	T
NC	MNC Medicare Part B Codes	T	T	T	T	T
NC	MNC Medicare Part B Charges	T	T	T	T	T
NC	Error Flag F = Fatal M = Misc V = Verified - Other	T	T	T	T	T
NC	Age - Completed Field (ADM Date minus Date of Birth)	T	T	T	T	T
NC	LOS - Computed Field (Discharge Date minus ADM Date)	T	T	T	T	T
NC	SDS Flag 1 = Same Day Surgery 2 = Same Day Medical				T	T
NC	DRG 1 - Regrouped Untrimmed DRG	T	T	T	T	T
NC	DRG 2 - Regrouped Trimmed DRG	T	T	T	T	T
MC	MDC (01-25)	T	T	T	T	T
NC	RTC Grouper Return Code	T	T	T	T	T

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	First Grouper O.R. Procedure Code		T	T	T	T
NC	Second Grouper O.R. Procedure Code		T	T	T	T
NC	Third Grouper O.R. Procedure Code		T	T	T	T
NC	Fourth Grouper O.R. Procedure Code		T	T	T	T
NC	First Grouper Diagnosis Code		T	T	T	T
NC	Second Grouper Diagnosis Code		T	T	T	T
NC	Third Grouper Diagnosis Code		T	T	T	T
NC	Fourth Grouper Diagnosis Code		T	T	T	T
NC	Trauma Flag 1 - Trauma 0 - Non-Trauma					T
NC	Age in Day (ADM Date minus Date of Birth x days)					T
NC	Total Hospital Bill	T	T	T	T	
NC	Total Charges Primary Payor	T	T	T	T	
NC	Total Charges Secondary Payor	T	T	T	T	
NC	Total Charges Tertiary Payor	T	T	T	T	
NC	Total Charges Patient	T	T	T	T	
NC	Amount Due From Primary Payor	T	T	T	T	
NC	Amount Due From Secondary Payor	T	T	T	T	
NC	Amount Due From Tertiary Payor	T	T	T	T	
NC	Amount Due From Patient	T	T	T	T	
NC	Semi-Private Rate	T	T	T	T	
NC	Grouper Any Diagnosis	T				
NC	Grouper Secondary Diagnosis	T				
NC	Total Primary Payor Charges	T	T	T	T	
NC	Total Secondary Payor Charges	T	T	T	T	
NC	Total Tertiary Payor Charges	T	T	T	T	
NC	Total Patient Charges	T	T	T	T	

ATTACHMENT A
DESCRIPTION OF UB-92 YTD
TAPE FILE

Status	Field Names	1985-1988	1989	1990-1992	1993	1994-1999
NC	Total Invalid Charges	T	T	T	T	
NC	Total Invalid Primary Payor Charges	T	T	T	T	
NC	Total Invalid Secondary Payor Charges	T	T	T	T	
NC	Total Invalid Tertiary Payor Charges	T	T	T	T	
NC	Total Invalid Patient Charges	T	T	T	T	
NC	Final Severity Scores		T	T		
NC	First Diagnosis Scores		T	T		
NC	Second Diagnosis Scores		T	T		
NC	Third Diagnosis Scores		T	T		
NC	Fourth Diagnosis Scores		T	T		
NC	Fifth Diagnosis Scores		T	T		
NC	Sixth Diagnosis Scores		T	T		
NC	Seventh Diagnosis Scores		T	T		
NC	Eighth Diagnosis Scores		T	T		
NC	Ninth Diagnosis Scores		T	T		
	C = Confidential NC = Non Confidential					

ATTACHMENT A
CDROM NJUB95.DBF FILE - 1995

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB95.DBF FILE with a cross reference to the UB tape file layout.

Field	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
1	HOSP	Numeric	4	3-6
2	DIV	Numeric	1	7
3	DISMO	Numeric	2	10-11
4	ACUTE	Numeric	4	42-45
5	STATUS	Numeric	2	58-59
6	ZIP	Character	5	60-64
7	COUNTY	Character	2	65-66
8	RESCODE	Character	4	65-68
9	MARITL	Character	1	69
10	SEX	Character	1	70
11	RACE	Numeric	1	71
12	HISPAN	Numeric	1	110
13	ADCLASS	Numeric	1	113
14	SOURCE	Numeric	1	115
15	PRIME	Numeric	3	120-122
16	PHYSPC	Numeric	1	170
17	ECODE	Character	5	195-199
18	INJCOND	Character	2	200-201
19	APGAR	Character	1	216
20	DX1	Character	5	217-221
21	DX2	Character	5	222-226
22	DX3	Character	5	227-231
23	DX4	Character	5	232-236
24	DX5	Character	5	237-241

ATTACHMENT A
CDROM NJUB95.DBF FILE - 1995

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB95.DBF FILE with a cross reference to the UB tape file layout.

Field	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
25	DX6	Character	5	242-246
26	DX7	Character	5	247-251
27	DX8	Character	5	252-256
28	DX9	Character	5	257-261
29	PROC1	Character	4	262-265
30	PROC2	Character	4	272-275
31	PROC3	Character	4	282-285
32	PROC4	Character	4	292-295
33	PROC5	Character	4	302-305
34	PROC6	Character	4	312-315
35	PROC7	Character	4	322-325
36	PROC8	Character	4	332-335
37	BILL	Numeric	3	345-347
38	TOTBIL	Numeric	10	364-367 *
39	TOTCHG	Numeric	10	368-371 *
40	AGE	Numeric	3	583-585
41	LOS	Numeric	4	586-589
42	SDSFLAG	Numeric	1	590
43	DRG	Numeric	3	591-593
44	MDC	Numeric	2	597-598
45	RTC	Numeric	1	599
	TOTAL		157	

*Original field is binary configured to 10 bytes numeric

ATTACHMENT A-1
CDROM NJUB96.DBF FILE - 1996

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB96.DBF FILE with a cross reference to the UB tape file layout.

Field	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
1	HOSP	Numeric	4	3-6
2	DIV	Numeric	1	7
3	DISMO	Numeric	2	10-11
4	ACUTE	Numeric	4	42-45
5	STATUS	Numeric	2	58-59
6	ZIP	Character	5	60-64
7	COUNTY	Numeric	2	65-66
8	MUNICP	Numeric	2	67-68
9	MARITL	Character	1	69
10	SEX	Character	1	70
11	RACE	Numeric	1	71
12	HISPAN	Numeric	1	110
13	ADCLASS	Numeric	1	113
14	SOURCE	Numeric	1	115
15	PRIME	Numeric	3	120-122
16	PHYSPC	Numeric	1	170
17	ECODE	Character	5	195-199
18	INJCOND	Character	2	200-201
19	APGAR	Character	1	216
20	DX1	Character	5	217-221
21	DX2	Character	5	222-226
22	DX3	Character	5	227-231
23	DX4	Character	5	232-236
24	DX5	Character	5	237-241

ATTACHMENT A-1
CDROM NJUB96.DBF FILE - 1996

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB96.DBF FILE with a cross reference to the UB tape file layout.

Field	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
25	DX6	Character	5	242-246
26	X7	Character	5	247-251
27	DX8	Character	5	252-256
28	DX9	Character	5	257-261
29	PROC1	Character	4	262-265
30	PROC2	Character	4	272-275
31	PROC3	Character	4	282-285
32	PROC4	Character	4	292-295
33	PROC5	Character	4	302-305
34	PROC6	Character	4	312-315
35	PROC7	Character	4	322-325
36	PROC8	Character	4	332-335
37	BILL	Numeric	3	345-347
38	TOTBIL	Numeric	10	364-367 *
39	TOTCHG	Numeric	10	368-371 *
40	AGE	Numeric	3	583-585
41	LOS	Numeric	4	586-589
42	SDSFLAG	Numeric	1	590
43	DRG	Numeric	3	591-593
44	MDC	Numeric	2	597-598
	TOTAL		154	

*Original field is binary configured to 10 bytes numeric

ATTACHMENT A-2
CDROM NJUB97NC.TXT FILE - 1997-1998

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB97NC.TXT FILE with a cross reference to the UB tape file layout.

Start Column	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
1	HOSP	Numeric	4	3-6
6	DIV	Numeric	1	7
8	DISYR	Numeric	2	8-9
11	DISMO	Numeric	2	10-11
14	ACUTE	Numeric	4	42-45
19	SNF DAY	Numeric	4	46-49
24	ICF DAY	Numeric	4	50-53
29	RES DAY	Numeric	4	54-57
34	STATUS	Numeric	2	58-59
38	ZIP	Character	\$5	60-64
44	COUNTY	Numeric	2	67-66
47	MUNICP	Numeric	2	67-68
50	MARITL	Character	\$1	69
52	SEX	Character	\$1	70
54	RACE	Numeric	1	71
56	HISPAN	Numeric	1	110
58	ADHOUR	Numeric	2	111-112
61	ADCLASS	Numeric	1	113
63	READMS	Numeric	1	114
65	SOURCE	Numeric	1	115
67	EMPIN 1	Character	\$1	116
69	EMPST 1	Numeric	1	117
71	EMPIN 2	Character	\$1	118
73	EMPST 2	Numeric	1	119
75	PRIME	Numeric	3	120-122

ATTACHMENT A-2
CDROM NJUB97NC.TXT FILE - 1997-1998

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB97NC.TXT FILE with a cross reference to the UB tape file layout.

Start Column	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
79	SECOND	Numeric	3	123-125
83	THIRD	Numeric	3	126-128
87	TRNIN	Numeric	5	148-152
93	TRNOUT	Numeric	5	153-157
99	PHYSPC	Numeric	1	170
101	ECODE	Character	\$5	195-199
107	INJCOND	Character	\$2	200-201
110	BRTHWT	Numeric	4	212-215
115	APGAR	Character	\$1	216
117	DX1	Character	\$5	217-221
123	DX2	Character	\$5	222-226
129	DX3	Character	\$5	227-231
135	DX4	Character	\$5	232-236
141	DX5	Character	\$5	237-241
147	DX6	Character	\$5	242-246
153	DX7	Character	\$5	247-251
159	DX8	Character	\$5	252-256
165	DX9	Character	\$5	257-261
171	PROC1	Character	\$4	262-265
176	PROC2	Character	\$4	272-275
181	PROC3	Character	\$4	282-285
186	PROC4	Character	\$4	292-295
191	PROC5	Character	\$4	302-305
196	PROC6	Character	\$4	312-315
201	PROC7	Character	\$4	322-325

ATTACHMENT A-2
CDROM NJUB97NC.TXT FILE - 1997-1998

The following is a description of the Fieldname, Type and Width contained on the CDROM NJUB97NC.TXT FILE with a cross reference to the UB tape file layout.

Start Column	Fieldname	Type	Width	UB-92 Flat File Cross Reference From Attachment "J-4" Page 62
206	PROC8	Character	\$4	332-335
211	BILL	Numeric	3	345-347
215	TOTBIL	Numeric	9	364-367*
225	TOTCHG	Numeric	9	368-371*
235	AGE	Numeric	3	583-585
239	LOS	Numeric	4	586-589
244	SDSFLAG	Numeric	1	590
246	DRG	Numeric	3	591-593
250	MDC	Numeric	2	597-598
253	TRAMAFLG	Numeric	1	636
255	AGE DAYS	Numeric	5	696-700

*Original field is binary configured to 10 bytes numeric

**NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES
RESEARCH AND DEVELOPMENT**

**ATTACHMENT B
AGREEMENT FOR RELEASE OF NON-CONFIDENTIAL DATA**

I, _____, representing _____, am requesting the following New Jersey data files from Research and Development (R&D).

I agree that these files will be in the custody and maintained by _____, and will not be released to any other organization or individual without the prior written approval of R&D. I further agree that no attempt will be made to identify specific patients or physicians whose records are included in these files, or to link information from any other source to records for specific patients or physicians.

No listing of information from individual records will be published or otherwise released by the holder of these files.

I understand that any violation of the above conditions may result in prosecution under all relevant State and Federal Laws.

(Representative of)

(Date)

(Custodian of Files)

(Date)

Received by _____, representative of Research and Development (R&D), on _____.
(Date)

ATTACHMENT J

1989 UB82 YEAR-TO-DATE FILE

NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES RESEARCH AND DEVELOPMENT

ATTACHMENT C AGREEMENT FOR RELEASE OF CONFIDENTIAL DATA

Conditions for release of the New Jersey data files by Research and Development (R&D) for _____.
(Year)

A. I, _____, representing _____, agree to observe the following conditions of use of the date files released to me or information derived from such files:

1. The files will be used only for the following purposes: To accomplish the research project described in the attachment; any other uses will be subject to prior approval by R&D.
2. None of these files, or any files extracted or derived from these files will be released to any other organization or individual without R&D approval.
3. No attempt will be made to identify any specific individuals or physicians for whom records are included in these files.
4. No attempt will be made to link information from any other source to records for specific individuals or physicians for whom records are included in these files, unless expressed authorization is received from R&D. This provision, however, does not preclude statistical matches of individual's records; i.e., those matches carried out by linking records for persons with similar characteristics, without attempting to ascertain that both records do, in fact, pertain to the same person.
5. _____ will be designated as custodian of these files, and will be responsible for observance of all conditions of use, and for establishment and maintenance of security arrangements to prevent unauthorized use. If the custodianship is transferred within the organization, R&D will be notified promptly. This individual must have the legal authority to keep the information confidential and maintain confidentiality.
6. No listing of information from individual records, with or without identifiers, will be published or otherwise released by the holder of these files. No statistical tabulations or research results will be released which reveal information about identifiable individuals or physicians.
7. Subject to conditions 2 and 6, statistical and research results derived from these files may be published.

8. This release form pertains to the following files:

B. I understand that any violation of the above conditions may result in prosecution under all relevant State and Federal Laws.

(Representative of _____)

(Date)

(Custodian of Files)

(Date)

(Representative of Research and Development)
New Jersey State Department of Health and Senior Services

(Date)

ATTACHMENT D

EXAMPLE OF REPORTS

Any number of different reports could be generated from the data base.

Examples of some previous reports generated are as follows:

1. Cases by DRG statewide, number of inliers and outliers, length of stay for each.
2. Average adjusted costs by DRG statewide, by cost center.
3. Reports by procedures or diagnoses; statewide, by hospital or by peer group.
4. Payer or hospital profiles.

Past requests for reports as well as current requests for reports will be reviewed. Those reports that are most useful and most often requested will be offered as standard reports.

ATTACHMENT E

IN-HOUSE DATA

Available for Inspection

I. RESEARCH AND DEVELOPMENT

Contact: Vince Yarmak
Project Manager
Research and Development
TOC Building
225 East State Street, 8th Floor
N.J. State Department of Health and Senior Services
PO 360
Trenton, NJ 08625-0360
(609) 984-7931

IN-HOUSE DATA - DRG SYSTEM

1. Payment Report
2. Reports #5 and 9
3. Average Cost-per-Case Reports
4. Direct Patient Care Standards
5. Indirect Cost Reports, other premodel reports

II. RESEARCH AND DEVELOPMENT

Contact: Vince Yarmak
Project Manager
Research and Development
TOC Building
225 East State Street, 8th Floor
N.J. State Department of Health and Senior Services
PO 360
Trenton, NJ 08625-0360
(609) 984-7931

IN-HOUSE DATA - DRG SYSTEM

1. Actual Cost Report Forms
2. Projected Data Forms
3. Written Detailed Summary and Attachments thereto
4. Commission Rate Orders
5. Appeal Documents
6. General Correspondence

III. HEALTH CARE FACILITIES RATE SETTING

Contact: Felix Almanzor
Director
Nursing Facilities Rate Setting and Reimbursement
Building 12C, Room 4
N.J. State Department of Health
P.O. Box 722
Trenton, NJ 08625
(609) 588-2691

IN-HOUSE DATA - SHARE CARE

A. SHARE

1. SHARE forms
2. Report "8" Reports
3. Rate Schedules
4. General Correspondence
5. Financial Statements
6. Peer Comparison Reports directly related to the establishment of the rates
7. Appeal Documents
8. SHARE Guidelines

B. CARE

1. CARE Cost Reports
2. Rate Schedules
3. Financial Statements
4. General Correspondence
5. Median Runs
6. Appeal Documents
7. D.O.T. Appraisal Reports
8. CARE Guidelines

ATTACHMENT F
DISCHARGE DATA UB-92 YTD TAPE FILE
DESCRIPTION OF DATA FIELDS

Status	DESCRIPTION OF DATA FIELDS
NC	State/Share Number/Division code - Identifies the State, Hospital & Division No. State Identifier (31) First 2 Digits Hospital (Provider) Number 3 rd - 6th Digits (See Attachment I) Division Code 7 th Digit
C	Discharge Date - Date of Discharge (yy/mm/dd)
C	Patient Control Number (billing #) - 12 Byte character. unique identifier assigned by hospital. Alpha-numeric-left justified
NC	Record Number - (always "1")
C	Medical Record Number - 9 Byte character The number assigned to the Medical Record by the Hospital Alpha-numeric-left justified
C	Admission Date - The date the Patient was admitted (yy/mm/dd).
NC	ACU Days - 4 Byte Numeric - Total days of the hospital stay certified as Acute Care Days
NC	SNF Days - 4 Byte Numeric - Total days certified as Skilled Level of Nursing days
NC	ICF Days - 4 Byte Numeric - Total days certified at the Intermediate Level of Care
NC	RES Days - 4 Byte Numeric - Total days used on a Residential Level of Care
NC	Patient Discharge Status - 2 Byte Numeric - Type of Discharge for Patient (See Attachment G, Appendix "A")
NC	Patient Zip Code - 5 Byte Character - Zip Code of Patient's residence
NC	Residence Code - 4 Byte Numeric - Patient's home address - contains two sub-fields County - 2 Byte Numeric Municipality - 2 Byte Numeric (See Attachment G, Appendix "L")
NC	Marital Status - 1 Byte Character - S-Single M-Married W-Widowed X-Separated D-Divorced P-Life Partner (effective on or after Jan. 1, 1995) U-Unknown

C = Confidential

NC = Non-Confidential

ATTACHMENT F
DISCHARGE DATA UB-92 YTD TAPE FILE
DESCRIPTION OF DATA FIELDS

Status	DESCRIPTION OF DATA FIELDS
NC	Patient Sex - 1 Byte Character M - male or F - female
NC	Patient Race - 1 Byte Numeric - (See Attachment G, Appendix "B")
C	Patient Date of Birth - Birth date (yyyy/mm/dd)
C	Patient's Last Name - 19 Byte Character
C	Patient's Middle Initial - 1 Byte Character
	Patient's First name - 10 Byte Character
NC	Hispanic Ethnicity Code of Patient - Numeric - (See Attachment G, Appendix "C")
NC	Admission Hour - 2 Byte Numeric - Hour Patient was admitted (00-23)
NC	Admission Type - 1 Byte Numeric - Identifies the circumstances of Patient's admission (See Attachment G, Appendix "E")
NC	Readmission - 1 Byte Numeric - Identifies a Patient being admitted who was discharged within the previous 7 days 0 = No 1 = Yes 9 = Unknown
NC	Admission Source - 1 Byte Numeric - Source of patient referral to hospital (See Attachment G, Appendix "F")
NC	Employment information #1 - 1 Byte Character - Indicates whether employment status below (Employment Status #1) is a patient or family member (See Attachment G, Appendix "G")
NC	Employment status #1 - 1 Byte Numeric - Describes employment status of individual above (Employment Information #1) (See Attachment G, Appendix "H")
NC	Employment Information #2 - 1 Byte Character - Indicates whether employment status below (Employment Status #2) is a patient or family member. (See Attachment G, Appendix "G")
NC	Employment status #2 - 1 Byte Numeric - Describes employment status of individual above (Employment Information #2) (See Attachment G, Appendix "H")

C = Confidential

NC = Non-Confidential

ATTACHMENT F
DISCHARGE DATA UB-92 YTD TAPE FILE
DESCRIPTION OF DATA FIELDS

Status	DESCRIPTION OF DATA FIELDS
NC	Primary Payer Code - 3 Byte Numeric - Number Identifying the Principal Payer (See Attachment G, Appendix "M")
NC	Secondary Payer Code - 3 Byte Numeric - Number identifying the second payer (See Attachment G, Appendix "M")
NC	Tertiary Payer Code - 3 Byte Numeric - Number identifying the third payer (See Attachment G, Appendix "M")
C	Insured's Identification Number - 19 Byte Character - Unique identification number of insured
NC	Transfer In Code - 5 Byte Numeric - Identifies the Institution from which patient has come
NC	Transfer Out Code - 5 Byte Numeric - Identifies the Institution to which patient was transferred
C	Attending Physician Code - 12 Byte Character - The State License Number of the attending physician
NC	Attending Physician Specialty - 1 Byte Numeric - (See Attachment G, Appendix "I")
C	Attending Physician UPIN - 6 Byte Character - The identifying number of the attending physician
C	Surgeon Code - 12 Byte Character - The State License Number of the Surgeon
C	Surgeon UPIN - 6 Byte Character - The identifying number of the attending surgeon
NC	E - Code - 5 Byte Character - The ICD-9-CM code for the external cause of an injury, poisoning or adverse effect (See Attachment G, Appendix "J")
NC	Injury Condition Code - 2 Byte Character - Defines where the Injury above occurred (See Attachment G, Appendix "K")
NC	Do Not Resuscitate - 1 Byte Character - "N" = No "Y" = Yes Used when Discharge Status = DEATH
C	Mother's Medical Record Number - 9 Byte Character - Used for newborn's record only

C = Confidential

NC = Non-Confidential

ATTACHMENT F
DISCHARGE DATA UB-92 YTD TAPE FILE
DESCRIPTION OF DATA FIELDS

Status	DESCRIPTION OF DATA FIELDS
NC	Birth Weight (grams) - 4 Byte Numeric
NC	APGAR Score - 1 Byte Alpha/numeric - Used for newborn;s record only Score is 0 through 9 and "A" for 10
NC	Primary Diagnosis Code - 5 Byte Character - Uses ICD-9-CM. The Principle Diagnosis is shown first.
NC	Secondary Diagnosis Code - 5 Byte Character
NC	Third Diagnosis Code - 5 Byte Character
NC	Fourth Diagnosis Code - 5 Byte Character
NC	Fifth Diagnosis Code - 5 Byte Character
NC	Sixth Diagnosis Code - 5 Byte Character
NC	Seventh Diagnosis Code - 5 Byte Character
NC	Eighth Diagnosis Code - 5 Byte Character
NC	Ninth Diagnosis Code - 5 Byte Character
NC	Primary Procedure Code - 4 Byte Character uses ICD-9-CM. The Principle Procedure is shown first.
C	Primary Procedure Date (yymmdd) - 6 Byte Date on which procedure was performed
NC	Second Procedure Code - 4 Byte Character
C	Second Procedure Date (yymmdd) 6 Byte
NC	Third Procedure Code - 4 Byte Character
C	Third Procedure Date (yymmdd) 6 Byte
NC	Fourth Procedure Code - 4 Byte Character
C	Fourth Procedure Date (yymmdd) 6 Byte
NC	Fifth Procedure Code - 4 Byte Character
C	Fifth Procedure Date (yymmdd) 6 Byte
NC	Sixth Procedure Code - 4 Byte Character
C	Sixth Procedure Date (yymmdd) 6 Byte

C = Confidential

NC = Non-Confidential

** See Page 5

ATTACHMENT F
DISCHARGE DATA UB-92 YTD TAPE FILE
DESCRIPTION OF DATA FIELDS

Status	DESCRIPTION OF DATA FIELDS
NC	Seventh Procedure Code - 4 Byte Character
C	Seventh Procedure Date (yymmdd) 6 Byte
NC	Eighth Procedure Code - 4 Byte Character
C	Eighth Procedure Date (yymmdd) 6 Byte
NC	Hospital DRG Number - 3 Byte Numeric - The DRG that the Hospital has assigned
NC	Bill Type - 3 Byte Numeric - Code indicating the specific type of bill (See Attachment G, Appendix "D")
NC	Estimated Responsibility Primary Payer ^{**} (See Page 26) - The total amount expected from the primary payer
NC	Estimated Responsibility Secondary Payer ^{**} (See Page 26) - The total amount expected from the second payer
NC	Estimated Responsibility Tertiary Payer ^{**} (See Page 26) - The total amount expected from the third payer
NC	Estimated Responsibility Patient ^{**} (See Page 26) - The total amount expected from the patient
NC	Total Estimated Responsibility ^{**} (See Page 26) - The total amount billed by the provider
NC	Total Charges ^{**} (See Page 26) - Sum of ALL 35 table elements

C = Confidential

NC = Non-Confidential

THE FOLLOWING FIELDS CONSTITUTE THE 35 TABLE ELEMENTS.
Each of the 35 fields consist of 2 elements. The first 2 bytes are the UNIT OF SERVICE.
The next four bytes are the CHARGES FOR THAT CENTER.

This data does not translate to a readable format when downloaded to a Micro (PC) computer

<p>NOTE * THE UNIT OF SERVICE DENOTED BY [*] IS IN 2 BYTE BINARY DATA FORMAT. DATA IS READ AS FOLLOWS: <u>SAS IB2\$</u> <u>COBOL COMP PIC 9(4)</u> <u>FORTRAN INTEGER*2</u> <u>ASSEMBLER H</u></p>		<p>NOTE ** ALL DATA DENOTED BY ^{**} IS IN 4 BYTE BINARY DATA FORMAT. DATA IS READ AS FOLLOWS: <u>SAS IB4\$</u> <u>COBOL COMP PIC 9(8)</u> <u>FORTRAN INTEGER*4</u> <u>ASSEMBLER F</u></p>
Status	DESCRIPTION OF DATA FIELDS	
NC	MSA - Element #1 Unit of Service [*] - Medical-Surgical Days	
NC	MSA - Element #1 Charges ^{**} - Total Medical-Surgical Charges	
NC	OBS - Element #2 Unit of Service [*] - Total Obstetric Days	
NC	OBS - Element #2 Charges ^{**} - Total Obstetric Charges	
NC	PED - Element #3 Unit of Service [*] - Total Pediatric Days	
NC	PED - Element #3 Charges ^{**} - Total Pediatric Charges	
NC	PSA - Element #4 Unit of Service [*] - Total Psychiatric Days	
NC	PSA - Element #4 Charges ^{**} - Total Psychiatric Charges	
NC	BCU - Element #5 Unit of Service [*] - Total Burn Care Unit Days	
NC	BCU - Element #5 Charges ^{**} - Total Burn Care Unit Charges	
NC	ICU - Element #6 Unit of Services [*] - Total Intensive Care Unit Days	
NC	ICU - Element #6 Charges ^{**} - Total Intensive Care Unit Charges	
NC	CCU - Element #7 Unit of Services [*] - Total Coronary Care Unit Days	
NC	CCU - Element #7 Charges ^{**} - Total Coronary Care Unit Charges	

C = Confidential

NC = Non-Confidential

Status	DESCRIPTION OF DATA FIELDS
NC	NNI - Element #8 Unit of Services [*] - Total Neonatal Intensive Care Unit Days
NC	NNI - Element #8 Charges ^{**} - Total Neonatal Intensive Care Unit Charges
NC	NBN - Element #9 Unit of Service [*] - Total Newborn Nursery Days
NC	NBN - Element #9 Charges ^{**} - Total Newborn Nursery Charges
NC	EMR - Element #10 Unit of Service [*] - Total Number of Emergency Room Visits
NC	EMR - Element #10 Charges ^{**} - Total Emergency Room Charges
NC	CLN - Element #11 Unit of Service [*] - Total Clinic Visits
NC	CLN - Element #11 Charges ^{**} - Total Clinic Charges
NC	HHA - Element #12 Unit of Service [*] - Total Home Health Visits
NC	HHA - Element #12 Charges ^{**} - Total Home Health Charges
NC	ANS - Element #13 Unit of Service [*] - Total Anesthesiology Minutes Used
NC	ANS - Element #13 Charges ^{**} - Total Anesthesiology Charges
NC	CCA - Element #14 Unit of Service [*] - Total Cardiac Catheterization Procedures
NC	CCA - Element #14 Charges ^{**} - Total Cardiac Catheterization Charges
NC	DEL - Element #15 Unit of Service [*] - Total Delivery &/or Gyn Procedures
NC	DEL - Element #15 Charges ^{**} - Total Delivery Charges
NC	DIA - Element #16 Unit of Service [*] - Total Dialysis Treatments
NC	DIA - Element #16 Charges ^{**} - Total Dialysis Charges
NC	DRU - Element #17 Unit of Service [*] - Total Times Drugs or Pharmacy Used

C = Confidential

NC = Non-Confidential

Status	DESCRIPTION OF DATA FIELDS
NC	DRU - Element #17 Charges ^{**} - Total Drug or Pharmacy Charges
NC	EKG - Element #18 Unit of Service [*] - Total Electrocardiograms
NC	EKG - Element #18 Charges ^{**} - Total Electrocardiogram Charges
NC	LAB - Element #19 Unit of Service [*] - Total Laboratory Tests
NC	LAB - Element #19 Charges ^{**} - Total Laboratory Charges
NC	MSS - Element #20 Unit of Service [*] - Total Medical Surgical Supplies
NC	MSS - Element #20 Charges ^{**} - Total Medical Surgical Supply Charges
NC	NEU - Element #21 Unit of Service [*] - Total Number of EEGs and EMGs
NC	NEU - Element #21 Charges ^{**} - Total Neurology Charges
NC	NMD - Element #22 Unit of Service [*] - Total Nuclear Medicine Procedures
NC	NMD - Element #22 Charges ^{**} - Total Nuclear Medicine Charges
NC	OCC - Element #23 Unit of Service [*] - Total Occupational Therapy Visits
NC	OCC - Element #23 Charges ^{**} - Total Occupational Therapy Charges
NC	ORR - Element #24 Unit of Service [*] - Total Operating Room Procedures
NC	ORR - Element #24 Charges ^{**} - Total Operating Room Charges
NC	ORG - Element #25 Unit of Service [*] - Total Organ Transplants
NC	ORG - Element #25 Charges ^{**} - Total Organ Acquisition Charges
NC	PHT - Element #26 Unit of Service [*] - Total Physical Therapy Visits
NC	PHT - Element #26 Charges ^{**} - Total Physical Therapy Charges

C = Confidential

NC = Non-Confidential

Status	DESCRIPTION OF DATA FIELDS
NC	PSY - Element #27 Unit of Service [*] - Total Psychiatric Hours (Spent With Patient)
NC	PSY - Element #27 Charges ^{**} - Total Psychiatric Charges
NC	RAD - Element #28 Unit of Service [*] - Total Times Radiology Used
NC	RAD - Element #28 Charges ^{**} - Total Radiology Charges
NC	RSP - Element #29 Unit of Service [*] - Total Respiratory Therapy Treatments
NC	RSP - Element #29 Charges ^{**} - Total Neurology Charges
NC	SPA - Element #30 Unit of Service [*] - Total Speech Pathology Visits
NC	SPA - Element #30 Charges ^{**} - Total Speech Pathology Charges
NC	THR - Element #31 Unit of Service [*] - Total Therapeutic Radiology Procedures
NC	THR - Element #31 Charges ^{**} - Total Therapeutic Radiology Charges
NC	SDS - Element #32 Unit of Service [*] - Total Same Day Surgery Visits
NC	SDS - Element #32 Charges ^{**} - Total Same Day Surgery Charges
NC	EXC - Element #33 Unit of Service [*] - Total Excluded Revenue Codes
NC	EXC - Element #33 Charges ^{**} - Total Excluded Charges
NC	NAC - Element #34 Unit of Service [*] - Total Non-Acute Ancillary Revenue Codes
NC	NAC - Element #34 Charges ^{**} - Total Non-Acute Ancillary Charges
NC	MNC - Element #35 Unit of Service [*] - Total Medicare, Part B, Non-Acute Codes
NC	MNC - Element #35 Charges ^{**} - Total Medicare, Part B, Non-Acute Charges
NC	Error Flag - 1 Byte Character - Indicates if record contains an error "F" Fatal; "M" Misc; "V" Verified; Any order - No Error

C = Confidential

NC = Non-Confidential

Status	DESCRIPTION OF DATA FIELDS
NC	Age - 3 Byte Numeric - Age of patient in years - Computed field (Admission Date minus Date of Birth)
NC	LOS (Length of Stay) - 4 Byte Numeric - Computed field (Discharge Date minus Admission Date)
NC	SDS Flag - 1 Byte Numeric 1 = Same Day Surgery 2 = Same Day Medical
NC	DRG1 - 3 Byte Numeric - The NJDOH regrouped untrimmed DRG
NC	DRG2 - 3 Byte Numeric - The NJDOH regrouped trimmed DRG
NC	MDC - 2 Byte Numeric - Major Diagnostic Category (01 to 25)
NC	RTC - Grouper Return Code
NC	First Grouper O.R. Procedure Code
NC	Second Grouper O.R. Procedure Code
NC	Third Grouper O.R. Procedure Code
NC	Fourth Grouper O.R. Procedure Code
NC	First Grouper Diagnosis Code
NC	Second Grouper Diagnosis Code
NC	Third Grouper Diagnosis Code
NC	Fourth Grouper Diagnosis Code
NC	Trauma Flag - 1 - Trauma - 0 - Non-Trauma
NC	Age in Days - 5 Byte Numeric - Admission Date minus Date of Birth times days
NC	Century Indicator - 1 Byte Numeric - "1" if patient born in 1800's or "0" in 1990's
NC	Hospital Outlier Code - Identifies the type of outlier (See Attachment G, Appendix "N")
NC	Total Hospital Bill ** (See Page 26) - Total Amount billed by the Provider
NC	Total Charges to Primary Payor** (See Page 26) - Total Amount billed to the Principal Payor
NC	Total Charges to Secondary Payor** (See Page 26) - Total Amount billed to the Second Payor

C = Confidential

NC = Non-Confidential

Status	DESCRIPTION OF DATA FIELDS
NC	Total Charge to Tertiary Payor ^{**} – (See Page 26) - Total Amount billed to the Third Payor
NC	Total Charges to Patient ^{**} – (See Page 26) - Total Amount billed to the Patient
NC	Amount Due from Primary Payor ^{**} – (See Page 26) - Total Amount Due from the Principal Payor
NC	Amount Due from Secondary Payor ^{**} – (See Page 26) - Total Amount Due from the Secondary Payor
NC	Amount Due from Tertiary Payor ^{**} – (See Page 26) - Total Amount Due from the Tertiary Payor
NC	Amount Due from Patient ^{**} – (See Page 26) - Total Amount Due from the Patient
NC	Semi-Private Rate ^{**} – (See Page 26) - If \$90.25 entered as 09025
NC	Grouper Any Diagnosis
NC	Grouper Secondary Diagnosis
NC	Total Primary Payor Charges ^{**} – (See Page 26) - Sum of Any Valid Charges to Principal Payor
	Total Secondary Payor Charges ^{**} – (See Page 26) - Sum of All Valid Charges to Secondary Payor
NC	Total Tertiary Payor Charges ^{**} – (See Page 26) - Sum of All Valid Charges to Third Payor
NC	Total Patient Charges ^{**} – (See Page 26) - Sum of All Valid Charges to Patient
NC	Total Invalid Charges ^{**} – (See Page 26) - Sum of All Invalid Charges
NC	Total Invalid Primary Payor Charges ^{**} – (See Page 26) - Sum of All Invalid Charges to Primary Payor
NC	Total Invalid Secondary Payor Charges ^{**} – (See Page 26) - Sum of All Invalid Charges to Secondary Payor
NC	Total Invalid Tertiary Payor Charges ^{**} – (See Page 26) - Sum of All Invalid Charges to Tertiary Payor
NC	Total Invalid Patient Charges ^{**} – (See Page 26) - Sum of All Invalid Charges to Patient
NC	Final Severity Scores Blanks
NC	Scores for Each of Nine Diagnosis Blanks

C = Confidential

NC = Non-Confidential

ATTACHMENT G
APPENDICES FOR DISCHARGE DATA YTD

APPENDIX A	DISCHARGE STATUS - 2 BYTE NUMERIC
Describes Patient Status upon Discharge	
01	Discharge/Transferred to home or self care (routine)
02	Discharged/Transferred to another short term general hospital
03	Discharged/Transferred to a Skilled Nursing Facility (SNF)
04	Discharged/Transferred to an Intermediate Care Facility (ICF)
05	Discharged/Transferred to another type of institution for inpatient care
06	Discharged/Transferred to home under care of organized HHA
07	Left against medical advice
08	Discharged to home with IV Therapy
20	Expired, No Autopsy
21	Expired, with Autopsy
30	Still patient
50	Hospice - Home (Discharges on and after 10-1-95)
51	Hospice - Medical Facility (Discharge on and after 10-1-95)
61*	Discharged/transferred within this institution to hospital-based Medicare approved swing beds
71*	Discharged/transferred/referred to <u>another</u> institution for outpatient services as specified by the
72*	Discharged/transferred/referred to this institution for outpatient services as specified by the
APPENDIX B	RACE - 1 BYTE NUMERIC
Describes the Patient's Race	
1	White (includes Mexican, Puerto Rican, and other Caucasian, Cajun, or Creole)
2	Black
3	Indian (North American, Central American, South American, Eskimo, & Aleut)
4	Chinese
5	Japanese
6	Hawaiian (including part Hawaiian)
7	Filipino
8	Other Asian or Pacific Islander
9	Not Classifiable or Unknown
0	Other Races

If a mixture of races was given, the **FIRST RACE LISTED** was coded. If a mixture of Hawaiian and any other race was given, Hawaiian was coded.

*Effective for discharges on or after July 1, 1998.

ATTACHMENT G
APPENDICES FOR DISCHARGE DATA YTD

APPENDIX C	HISPANIC ETHNIC CODE OF PATIENT						
0	Non-Hispanic						
1	Mexican						
2	Puerto Rican						
3	Cuban						
4	Central or South American						
5	Other and Unknown Hispanic						
9	Not Classified or Unknown						
APPENDIX D	BILL TYPE CODE - 3 BYTE NUMERIC						
	Identifies the Type of Bill						
	<u>Original Bill</u>	<u>DOH Adjustment</u>	<u>DOH Void</u>	<u>Description</u>			
	111	116	118	Inpatient			
	121	126	128	IP Benefits Exhausted			
	131	136	138	Same Day Surgery			
APPENDIX E	ADMISSION TYPE - 1 BYTE NUMERIC						
	Identifies circumstances of Patient Admission						
1	<u>Emergency</u> Patient does not have to be admitted via the emergency Room to be considered. Conversely, NOT ALL patients admitted through the Emergency Department are Emergency Admissions.						
2	<u>Urgent</u> Medical condition or Acute Trauma that Medical attention should be provided early to prevent possible loss of life, limb or bodily function.						
3	<u>Elective</u> Scheduled or routine admission.						
4	<u>Newborn</u> Newborn immediately after birth or readmitted within first 28 days. (Newborn only not the Mother).						
APPENDIX F	ADMISSION SOURCE OR REFERRAL TYPE - 1 BYTE NUMERIC						
	Identifies the Source of Patient Referral to Hospital						
1	Physician Referral						
2	Outpatient or Clinic						
3	HMO						

ATTACHMENT G
APPENDICES FOR DISCHARGE DATA YTD

4	Transfer from an acute Care Hospital
5	Transfer from Skilled Nursing Facility (SNF)
6	Transfer from another Health Care Facility
7	Emergency Room
8	Court/Law Enforcement
9	Information not available
A	Transfer from a Rural Primary Care Hospital (Effective 1/1/95)

NEWBORN ADMISSIONS ONLY

1	Normal Delivery
2	Premature Delivery
3	Sick Baby
4	Extramural Delivery
9	Information not available (Effective 1/1/95)

APPENDIX G EMPLOYMENT INFORMATION DATA - 1 BYTE CHARACTER	
p	If Employment Information relates to the Patient
S	If Employment Information relates to the Patient's Spouse
F	If Employment Information relates to Patient's Father
M	If Employment Information relates to Patient's Mother
O	Other

APPENDIX H EMPLOYMENT STATUS CODE - 1 BYTE CHARACTER	
--	--

Defines the employment status of the individual identified in the Employment Information Data Field above. This field is required for each payer code listed.

CODE	CODE TITLE
1	Employed Full Time
2	Employed Part Time
3	Not Employed
4	Self Employed
5	Retired
6	On Active Military Duty
9	Unknown

ATTACHMENT G
APPENDICES FOR DISCHARGE DATA YTD

APPENDIX I		ATTENDING PHYSICIAN SPECIALTY - 1 BYTE NUMERIC
Identifies the Attending Physician Speciality		
1	Medical (Include General and Family Practice)	
2	Surgery	
3	Obstetric	
4	Gynecology	
5	Pediatric	
6	Newborn	
7	Psychiatric	
8	Orthopedic	
9	Dental	
APPENDIX J		THE PRIORITIES FOR RECORDING AN E-CODE ARE
1	Principal diagnosis of an injury or poisoning	
2	Other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis	
3	Other diagnosis with an external cause	
APPENDIX K		INJURY CONDITION CODES
Z0	HOME: Injury occurred INSIDE of private home	
Z1	PRIVATE ENVIRONMENT: Injury occurred OUTSIDE of private home	
Z2	HOME: Not otherwise specified	
Z3	OCCUPATIONAL: Motor Vehicle Injury	
Z4	OCCUPATIONAL: Non-Motor Vehicle Injury includes farms, mines & quarries	
Z5	PUBLIC ENVIRONMENT: Motor Vehicle Injury non-occupational	
Z6	PUBLIC ENVIRONMENT: Non-Motor Vehicle Injury non-occupational	
Z7	PUBLIC PLACE FOR RECREATION & SPORTS: Sports stadiums, golf course, resorts parks, public swimming pools	
Z9	NOT SPECIFIED\UNKNOWN	

ATTACHMENT G
APPENDICES FOR DISCHARGE DATA YTD

APPENDIX L		RESIDENCE CODE - 4 BYTE NUMERIC
The first 2 bytes are the County Code. The third and fourth are the Municipality Code		
COUNTY CODE	COUNTY NAME	NUMBER OF MUNICIPALITIES
01	Atlantic	23
02	Bergen	70
03	Burlington	40
04	Camden	37
05	Cape May	16
06	Cumberland	14
07	Essex	22
08	Gloucester	24
09	Hudson	12
10	Hunterdon	26
11	Mercer	13
12	Middlesex	25
13	Monmouth	53
14	Morris	39
15	Ocean	33
16	Passaic	16
17	Salem	15
18	Somerset	21
19	Sussex	24
20	Union	21
21	Warren	23

A Residence Code of greater than 2199 signifies an out-of-state resident.

No county can have a Residence Code that exceeds the number of municipalities within the county.

1	ATLANTIC COUNTY		
101	ABSECON CITY	113	HAMMONTON TOWN
102	ATLANTIC CITY	114	LINWOOD CITY
103	BRIGANTINE CITY	115	LONGPORT BORO
104	BUENA BORO	116	MARGATE CITY
105	BUENA VISTA TWP.	117	MULLICA TWP.
106	CORBIN CITY	118	NORTHFIELD CITY
107	EGG HARBOR CITY	119	PLEASANTVILLE CITY
108	EGG HARBOR TWP.	120	PORT REPUBLIC CITY
109	ESTELL MANOR CITY	121	SOMERS POINT CITY
110	FOLSOM BORO	122	VENTNOR CITY
111	GALLOWAY TWP.	123	WEYMOUTH TWP.
112	HAMILTON TWP.		
2	BERGEN COUNTY		
201	ALLENDALE BORO	236	MONTVALE BORO
202	ALPINE BORO	237	MOONACHIE BORO
203	BERGENFIELD BORO	238	NEW MILFORD BORO
204	BOGOTA BORO	239	NORTH ARLINGTON BORO
205	CARLSTADT BORO	240	NORTHALE BORO
206	CLIFFSIDE PARK BORO	241	NORWOOD BORO
207	CLOSTER BORO	242	OAKLAND BORO
208	CRESSKILL BORO	243	OLD TAPPAN BORO
209	DEMAREST BORO	244	ORADELL BORO
210	DUMONT BORO	245	PALISADE PARK BORO
211	ELMWOOD PARK BORO	246	PARAMUS BORO
212	EAST RUTHERFORD BORO	247	PARK RIDGE BORO
213	EDGEWATER BORO	248	RAMSEY BORO
214	EMERSON BORO	249	RIDGEFIELD BORO
215	ENGLEWOOD CITY	250	RIDGEFIELD PARK VILLAGE
216	ENGLEWOOD CLIFFS BORO	251	RIDGEFIELD VILLAGE
217	FAIR LAWN BORO	252	RIVER EDGE BORO
218	FAIRVIEW BORO	253	RIVER VALE TWP.

219	FORT LEE BORO	254	ROCHELLE PARK TWP.
220	FRANKLIN LAKES BORO	255	ROCKLEIGH BORO
221	GARFIELD CITY	256	RUTHERFORD BORO
222	GLEN ROCK BORO	257	SADDLE BROOK TWP.
223	HACKENSACK CITY	258	SADDLE RIVER BORO
224	HARRINGTON PARK BORO	259	SOUTH HACKENSACK TWP.
225	HASBROUCK HEIGHTS BORO	260	TEANECK TWP.
226	HAWORTH BORO	261	TENAFLY BORO
227	HILLSDALE BORO	262	TEREBORO BORO
228	HOHOKUS BORO	263	UPPER SADDLE RIVER BORO
229	LEONIA BORO	264	WALDWICK BORO
230	LITTLE FERRY BORO	265	WALLINGTON BORO
231	LODI BORO	266	WASHINGTON TWP.
232	LYNDHURST TWP.	267	WESTWOOD BORO
233	MAHWAH TWP.	268	WOODCLIFF LAKE BORO
234	MAYWOOD BORO	269	WOOD-RIDGE BORO
235	MIDLAND PARK BORO	270	WYCKOFF TWP.
3	BURLINGTON COUNTY		
301	BASS RIVER TWP.	321	MEDFORD LAKES BORO
302	BEVERLY CITY	322	MOORESTOWN TWP.
303	BORDENTOWN CITY	323	MOUNT HOLLY TWP.
304	BORDENTOWN TWP.	324	MOUNT LAUREL TWP.
305	BURLINGTON CITY	325	NEW HANOVER TWP.
306	BURLINGTON TWP.	326	NORTH HANOVER TWP.
307	CHESTERFIELD TWP.	327	PALMYRA BORO
308	CINNAMINSON TWP.	328	PEMBERTON BORO
309	DELANCO TWP.	329	PEMBERTON TWP.
310	DELRAN TWP.	330	RIVERSIDE TWP.
311	EASTAMPTON TWP.	331	RIVERTON BORO
312	EDGEWATER PARK TWP.	332	SHAMONG TWP.

313	EVESHAM TWP.	333	SOUTHAMPTON TWP.
314	FIELDSBORO BORO	334	SPRINGFIELD TWP.
315	FLORENCE TWP.	335	TABERNACLE TWP.
316	HAINESPORT TWP.	336	WASHINGTON TWP.
317	LUMBERTON TWP.	337	WESTAMPTON TWP.
318	MANSFIELD TWP.	338	WILLINGBORO TWP.
319	MAPLE SHADE TWP.	339	WOODLAND TWP.
320	MEDFORD TWP.	340	WRIGHTSTOWN BORO
4	CAMDEN COUNTY		
401	AUDUBON BORO	420	LAUREL SPRINGS BORO
402	AUDUBON PARK BORO	421	LAWNSIDE BORO
403	BARRINGTON BORO	422	LINDENWOLD BORO
404	BELLMAWR BORO	423	MAGNOLIA BORO
405	BERLIN BORO	424	MERCHANTVILLE BORO
406	BERLIN TWP.	425	MOUNT EPHRAIM BORO
407	BROOKLAWN BORO	426	OAKLYN BORO
408	CAMDEN CITY	427	PENNSAUKEN TWP.
409	CHERRY HILL TWP.	428	PINE HILL BORO
410	CHELSILHURST BORO	429	PINE VALLEY BORO
411	CLEMENTON BORO	430	RUNNEMEDE BORO
412	COLLINGSWOOD BORO	431	SOMERDALE BORO
413	GIBBSBORO BORO	432	STRATFORD BORO
414	GLoucester CITY	433	TAVISTOCK BORO
415	GLoucester TWP.	434	VOORHEES TWP.
416	HADDON TWP.	435	WATERFORD TWP.
417	HADDONFIELD BORO	436	WINSLOW TWP.
418	HADDON HEIGHTS BORO	437	WOODLYNNE BORO
419	HI-NELLA BORO		
5	CAPE MAY COUNTY		
501	AVALON BORO	509	SEA ISLE CITY
502	CAPE MAY CITY	510	STONE HARBOR BORO

503	CAPE MAY POINT BORO	511	UPPER TWP.
504	DENNIS TWP.	512	WEST CAPE MAY BORO
505	LOWER TWP.	513	WEST WILDWOOD BORO
506	MIDDLE TWP.	514	WILDWOOD CITY
507	NORTH WILDWOOD CITY	515	WILDWOOD CREST BORO
508	OCEAN CITY	516	WOODBINE BORO
6	CUMBERLAND COUNTY		
601	BRIDGETON CITY	608	LAWRENCE TWP.
602	COMMERCIAL TWP.	609	MAURICE RIVER TWP.
603	DEERFIELD TWP.	610	MILLVILLE CITY
604	DOWNE TWP.	611	SHILOH BORO
605	FAIRFIELD TWP.	612	STOW CREEK TWP.
606	GREENWICH TWP.	613	UPPER DEERFIELD TWP.
607	HOPEWELL TWP.	614	VINELAND CITY
7	ESSEX COUNTY		
701	BELLEVILLE TWP.	712	MILLBURN TWP.
702	BLOOMFIELD TWP.	713	MONTCLAIR TWP.
703	CALDWELL BORO TWP.	714	NEWARK CITY
704	CEDAR GROVE TWP.	715	NORTH CALDWELL BORO
705	EAST ORANGE CITY	716	NUTLEY TWP.
706	ESSEX FELLS TWP.	717	CITY OF ORANGE TWP.
707	FAIRFIELD TWP.	718	ROSELAND BORO
708	GLEN RIDGE BORO TWP.	719	SOUTH ORANGE VILLAGE TWP.
709	IRVINGTON TWP.	720	VERONA TWP.
710	LIVINGSTON TWP.	721	WEST CALDWELL TWP.
711	MAPLEWOOD TWP.	722	WEST ORANGE TWP.
8	GLOUCESTER COUNTY		
801	CLAYTON BORO	813	NEWFIELD BORO
802	DEPTFORD TWP.	814	PAULSBORO BORO
803	EAST GREENWICH TWP.	815	PITMAN BORO
804	ELK TWP.	816	SOUTH HARRISON TWP.

805	FRANKLIN TWP.	817	SWEDESBORO BORO
806	GLASSBORO BORO	818	WASHINGTON TWP.
807	GREENWICH TWP.	819	WENONAH BORO
808	HARRISON TWP.	820	WEST DEPTFORD TWP.
809	LOGAN TWP.	821	WESTVILLE BORO
810	MANTUA TWP.	822	WOODBURY CITY
811	MONROE TWP.	823	WOODBURY HEIGHTS BORO
812	NATIONAL PARK BORO	824	WOOLWICH TWP.
9	<i>HUDSON COUNTY</i>		
901	BAYONNE CITY	907	KEARNY TOWN
902	EAST NEWARK BORO	908	NORTH BERGEN TWP.
903	GUTTENBERG TOWN	909	SECAUCUS TOWN
904	HARRISON TOWN	910	UNION CITY
905	HOBOKEN CITY	911	WEEHAWKEN TWP.
906	JERSEY CITY	912	WEST NEW YORK TOWN
10	<i>HUNTERDON COUNTY</i>		
1001	ALEXANDRIA TWP.	1014	HIGH BRIDGE BORO
1002	BETHLEHEM TWP.	1015	HOLLAND TWP.
1003	BLOOMSBURY BORO	1016	KINGWOOD TWP.
1004	CALIFON BORO	1017	LAMBERTVILLE CITY
1005	CLINTON TOWN	1018	LEBANON BORO
1006	CLINTON TWP.	1019	LEBANON TWP.
1007	DELAWARE TWP.	1020	MILFORD BORO
1008	EAST AMWELL TWP.	1021	RARITAN TWP.
1009	FLEMINGTON BORO	1022	READINGTON TWP.
1010	FRANKLIN TWP.	1023	STOCKTON BORO
1011	FRENCHTOWN BORO	1024	TEWKSBURY TWP.
1012	GLEN GARDNER BORO	1025	UNION TWP.
1013	HAMPTON BORO	1026	WEST AMWELL TWP.

11	MERCER COUNTY		
1101	EAST WINDSOR TWP.	1108	PENNINGTON BORO
1102	EWING TWP.	1109	PRINCETON BORO
1103	HAMILTON TWP.	1110	PRINCETON TWP.
1104	HIGHTSTOWN BORO	1111	TRENTON CITY
1105	HOPEWELL BORO	1112	WASHINGTON TWP.
1106	HOPEWEL TWP.	1113	WEST WINDSOR TWP.
1107	LAWRENCE TWP.		
12	MIDDLESEX COUNTY		
1201	CARTERET BORO	1214	NEW BRUNSWICK CITY
1202	CRANBURY TWP.	1215	NORTH BRUNSWICK TWP.
1203	DUNELLEN BORO	1216	PERTH AMBOY CITY
1204	EAST BRUNSWICK TWP.	1217	PISCATAWAY TWP.
1205	EDISON TWP.	1218	PLAINSBORO TWP.
1206	HELMETTA BORO	1219	SAYREVILLE BORO
1207	HIGHLAND PARK BORO	1220	SOUTH AMBOY CITY
1208	JAMESBURG BORO	1221	SOUTH BRUNSWICK TWP.
1209	OLD BRIDGE TWP.	1222	SOUTH PLAINFIELD BORO
1210	METUCHEN BORO	1223	SOUTH RIVER BORO
1211	MIDDLESEX BORO	1224	SPOTSWOOD BORO
1212	MILLTOWN BORO	1225	WOODBRIDGE TWP.
1213	MONROE TWP.		
13	MONMOUTH COUNTY		
1301	ALLENHURST BORO	1328	MARLBORO TWP.
1302	ALLENTOWN BORO	1329	MATAWAN BORO
1303	ASBURY PARK CITY	1330	ABERDEEN TWP.
1304	ATLANTIC HIGHLANDS BORO	1331	MIDDLETOWN TWP.
1305	AVON-BY-THE-SEA BORO	1332	MILLSTONE TWP.
1306	BELMAR BORO	1333	MONMOUTH BEACH BORO
1307	BRADLEY BEACH BORO	1334	NEPTUNE TWP.
1308	BRIELLE BORO	1335	NEPTUNE CITY BORO

1309	COLTS NECK TWP.	1336	TINTON FALLS BORO
1310	DEAL BORO	1337	OCEAN TWP.
1311	EATONTOWN BORO	1338	OCEANPORT BORO
1312	ENGLISHTOWN BORO	1339	HAZLET TWP.
1313	FAIR HAVEN BORO	1340	RED BANK BORO
1314	FARMINGDALE BORO	1341	ROOSEVELT BORO
1315	FREEHOLD BORO	1342	RUMSON BORO
1316	FREEHOLD TWP.	1343	SEA BRIGHT BORO
1317	HIGHLANDS BORO	1344	SEA GIRT BORO
1318	HOLMDEL TWP.	1345	SHREWSBURY BORO
1319	HOWELL TWP.	1346	SHREWSBURY TWP.
1320	INTERLAKEN BORO	1347	SOUTH BELMAR BORO
1321	KEANSBURG BORO	1348	SPRING LAKE BORO
1322	KEYPORT BORO	1349	SPRING LAKE HEIGHTS BORO
1323	LITTLE SILVER BORO	1350	UNION BEACH BORO
1324	LOC ARBOUR VILLAGE	1351	UPPER FREEHOLD TWP.
1325	LONG BRANCH CITY	1352	WALL TWP.
1326	MANALAPAN TWP.	1353	WEST LONG BRANCH BORO
1327	MANASQUAN BORO		
14	MORRIS COUNTY		
1401	BOONTON TOWN	1420	MINE HILL TWP.
1402	BOONTON TWP.	1421	MONTVILLE TWP.
1403	BUTLER BORO	1422	MORRIS TWP.
1404	CHATHAM BORO	1423	MORRIS PLAINS BORO
1405	CHATHAM TWP.	1424	MORRISTOWN TOWN
1406	CHESTER BORO	1425	MOUNTAIN LAKES BORO
1407	CHESTER TWP.	1426	MOUNT ARLINGTON BORO
1408	DENVILLE TWP.	1427	MOUNT OLIVE TWP.
1409	DOVER TOWN	1428	NETCONG BORO
1410	EAST HANOVER TWP.	1429	PARSIPPANY-TROY HILLS TWP.

1411	FLORHAM PARK BORO	1430	PASSAIC TWP.
1412	HANOVER TWP.	1431	PEQUANNOCK TWP.
1413	HARDING TWP.	1432	RANDOLPH TWP.
1414	JEFFERSON TWP.	1433	RIVERDALE BORO
1415	KINNELON BORO	1434	ROCKAWAY BORO
1416	LINCOLN PARK BORO	1435	ROCKAWAY TWP.
1417	MADISON BORO	1436	ROXBURY TWP.
1418	MENDHAM BORO	1437	VICTORY GARDENS BORO
1419	MENDHAM TWP.	1438	WASHINGTON TWP.
		1439	WHARTON BORO
15	OCEAN COUNTY		
1501	BARNEGAT LIGHT BORO	1518	MANCHESTER TWP.
1502	BAY HEAD BORO	1519	MANTALOKING BORO
1503	BEACH HAVEN BORO	1520	OCEAN TWP.
1504	BEACHWOOD BORO	1521	OCEAN GATE BORO
1505	BERKELEY TWP.	1522	PINE BEACH BORO
1506	BRICK TWP.	1523	PLUMSTED TWP.
1507	DOVER TWP.	1524	POINT PLEASANT BORO
1508	EAGLESWOOD TWP.	1525	POINT PLEASANT BEACH BORO
1509	HARVEY CEDARS BORO	1526	SEASIDE HEIGHTS BORO
1510	ISLAND HEIGHTS BORO	1527	SEASIDE PARK BORO
1511	JACKSON TWP.	1528	SHIP BOTTOM BORO
1512	LACEY TWP.	1529	SOUTH TOMS RIVER BORO
1513	LAKEHURST BORO	1530	STAFFORD TWP.
1514	LAKEWOOD TWP.	1531	SURF CITY BORO
1515	LAVALLETTE BORO	1532	TUCKERTON BORO
1516	LITTLE EGG HARBOR TWP.	1533	BARNEGAT TWP.
1517	LONG BEACH TWP.		
16	PASSAIC COUNTY		
1601	BLOOMINGDALE BORO	1609	POMPTON LAKES BORO
1602	CLIFTON CITY	1610	PROSPECT PARK BORO

1603	HALEDON BORO	1611	RINGWOOD BORO
1604	HAWTHORNE BORO	1612	TOTOWA BORO
1605	LITTLE FALLS TWP.	1613	WANAQUE BORO
1606	NORTH HALEDON BORO	1614	WAYNE TWP.
1607	PASSAIC CITY	1615	WEST MILFORD TWP.
1608	PATERSON CITY	1616	WEST PATERSON BORO
17	SALEM COUNTY		
1701	ALLOWAY TWP.	1709	PILESGROVE TWP.
1702	ELMER BORO	1710	PITTSGROVE TWP.
1703	ELSINBORO TWP.	1711	QUINTON TWP.
1704	LOWER ALLOWAYS CREEK TWP.	1712	SALEM CITY
1705	MANNINGTON TWP.	1713	CARNEYS POINT TWP.
1706	OLDSMANS TWP.	1714	UPPER PITTSGROVE TWP.
1707	PENNS GROVE BORO	1715	WOODSTOWN BORO
1708	PENNSVILLE TWP.		
18	SOMERSET COUNTY		
1801	BEDMINISTER TWP.	1812	MILLSTONE BORO
1802	BERNARDS TWP.	1813	MONTGOMERY TWP.
1803	BERNARDSVILLE BORO	1814	NORTH PLAINFIELD BORO
1804	BOUND BROOK BORO	1815	PEAPACK GLADSTONE BORO
1805	BRANCHBURG TWP.	1816	RARITAN BORO
1806	BRIDGEWATER TWP.	1817	ROCKY HILL BORO
1807	FAR HILLS BORO	1818	SOMERVILLE BORO
1808	FRANKLIN TWP.	1819	SOUTH BOUND BROOK BORO
1809	GREEN BROOK TWP.	1820	WARREN TWP.
1810	HILLSBOROUGH TWP.	1821	WATCHUNG BORO
1811	MANVILLE BORO		
19	SUSSEX COUNTY		
1901	ANDOVER BORO	1913	LAFAYETTE TWP.
1902	ANDOVER TWP.	1914	MONTAGUE TWP.

1903	BRANCHVILLE BORO	1915	NEWTON TOWN
1904	BYRAM TWP.	1916	OGDENSBURG BORO
1905	FRANKFORD TWP.	1917	SANDYSTON TWP.
1906	FRANKLIN BORO	1918	SPARTA TWP.
1907	FREDON TWP.	1919	STANHOPE BORO
1908	GREEN TWP.	1920	STILLWATER TWP.
1909	HAMBURG BORO	1921	SUSSEX BORO
1910	HAMPTON TWP.	1922	VERNON TWP.
1911	HARDYSTON TWP.	1923	WALPACK TWP.
1912	HOPATCONG BORO	1924	WANTAGE TWP.
20	UNION COUNTY		
2001	BERKELEY HEIGHTS TWP.	2012	PLAINFIELD CITY
2002	CLARK TWP.	2013	RAHWAY CITY
2003	CRANFORD TWP.	2014	ROSELLE BORO
2004	ELIZABETH CITY	2015	ROSELLE PARK BORO
2005	FANWOOD BORO	2016	SCOTCH PLAINS TWP.
2006	GARWOOD BORO	2017	SPRINGFIELD TWP.
2007	HILLSIDE TWP.	2018	SUMMIT CITY
2008	KENILWORTH BORO	2019	UNION TWP.
2009	LINDEN CITY	2020	WESTFIELD TWP.
2010	MOUNTAINSIDE BORO	2021	WINFIELD TWP.
2011	NEW PROVIDENCE BORO		
21	WARREN COUNTY		
2101	ALLAMUCHY TWP.	2113	KNOWLTON TWP.
2102	ALPHA BORO	2114	LIBERTY TWP.
2103	BELVIDERE TWP.	2115	LOPATCONG TWP.
2104	BLAIRSTOWN TWP.	2116	MANSFIELD TWP.
2105	FRANKLIN TWP.	2117	OXFORD TWP.
2106	FRELINGHUYSEN TWP.	2118	PAHAQUARRY TWP.
2107	GREENWICH TWP.	2119	PHILLIPSBURG TOWN
2108	HACKETTSTOWN TOWN	2120	POHATCONG TWP.
2109	HARDWICK TWP.	2121	WASHINGTON BORO
2110	HARMONY TWP.	2122	WASHINGTON TWP.
2111	HOPE TWP.	2123	WHITE TWP.
2112	INDEPENDENCE TWP.		

ATTACHMENT J**1989 UB82 YEAR-TO-DATE FILE**

**APPENDIX M
THE MEDICAL INCIDENT DATA SYSTEM
PAYER CODES**

GOVERNMENT

Title XVIII (Medicare) Part A.....	011
Title XVIII (Medicare) Part B	015
Title XVIII (Medicare) Part B - Physician Charges.....	017
Title XIX (Medicaid).....	012
Title V (Maternal and Child Health)	013
Champus	014
Department of Vocational Rehabilitation.....	016
New Jersey State Health Benefits Plan.....	018
Other Government.....	019

BLUE CROSS PLANS

Alabama.....	010
Alaska/Washington	430
Arizona.....	030
Arkansas	020
California	
- all other groups	040
Colorado	050
Connecticut.....	060
Delaware.....	070
District of Columbia.....	080
Florida.....	090
Georgia	
- all other groups	100
Hawaii	
- all other groups	471
Idaho	110
Illinois	121
Indiana	130
Iowa	
- all other groups	140
Kansas	150
Kentucky.....	160
Louisiana	170
Maine.....	180
Maryland.....	190

Massachusetts	200
Mississippi.....	230

BLUE CROSS PLANS (con't.)

Michigan.....	210
Minnesota	220
 Missouri	
- Kansas City.....	240
- St. Louis	241
Montana.....	250
Nebraska	260
Nevada.....	265
New Hampshire.....	270
New Jersey	
- all other groups	280
- Non-Group Line of Business.....	281
- FEP.....	022
- Garden State	025
- Host.....	026
New Mexico.....	290
New York	
- Buffalo.....	301
- New York.....	303
- Rochester.....	304
- Syracuse.....	305
- Utica.....	306
North Carolina.....	310
North Dakota.....	320
Ohio	
- Cincinnati.....	332
- Cleveland.....	333
Oklahoma.....	340
Oregon.....	350
Pennsylvania	
# - Camp Hill.....	865 #
- Harrisburg.....	361
- Philadelphia	362
- Pittsburgh.....	363
- Wilks-Barre	364
Rhode Island	370
South Carolina.....	380
Tennessee	
- Chattanooga.....	390
- Memphis	392
Texas	400
Utah	410
Vermont.....	415

Effective with 01/01/1995 discharges

BLUE CROSS PLANS (con't.)

Virginia

- all other groups	423
Washington/Alaska	430

West Virginia

- all other groups	443
Wisconsin	450
Wyoming	460
Puerto Rico	470
Other Blue Cross.....	029

PATIENT

Direct.....	031
Other Source of Patient Pay.....	039

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

## Americaid Inc.....	032	##
## American Preferred Provider Plan, Inc.....	033	##
☺ United Health Care.....	034	☺
☺ MEDI-Group, Inc. (HMO Blue)	035	☺
☺ Principal HMO.....	036	☺
☺ Mission Health Plans.....	037	☺
** HIP of NJ.....	045	**
HMO Blue (Medigroup Central).....	047	
+ HMO of PA-NJ (US Healthcare) & (AETNA Health Plans of NJ, Inc.).....	048	+
** CIGNA HealthCare of Northern NJ, Inc.	056	**
PruCare of NJ.....	058	
Oxford Health Plan.....	072	
** NYL Care Health Plans of NJ, Inc.....	073	**
** CIGNA Health Care of NJ. Inc. South	074	**
★ QUALMED.....	077	★
** Amerihealth HMO, Inc.....	078	**

New Additions as of 11/8/96

**** Name Changed as of 11/8/96 ****

+ Merged with HMO of PA-NJ (US Healthcare) as of 12/13/97) +

★ Name changed from Greater Atlantic Health Services to QUALMED ★

☺ New as of 3/98 - (United Health Care) - effective 8/96

MEDI - Group, Inc. (HMO-Blue) - effective 11/2/95

Principal HMO - effective 8/97

Mission Health Plans - effective 8/97 ☺

HEALTH MAINTENANCE ORGANIZATIONS (HMO) (con't)

## Atlanticare Health Plan.....	081	##
## First Option Health Plan.....	084	##
## Liberty Health Plan.....	087	##
## Managed Health Care Systems of New Jersey, Inc.....	088	##
## Physician Health Services of New Jersey, Inc.....	094	##
## University Health Plans, Inc.....	097	##
Other HMO.....	059	

COMMERCIAL

Aetna	105	
NJ Carpenters' Health Fund	106	
@ AARP.....	107	@
Connecticut General.....	115	
Continental Assurance.....	120	
Equitable	125	
Guardian Life.....	131	
Intercontinental	135	
John Hancock.....	142	
Massachusetts Mutual.....	145	
Metropolitan Life.....	151	
Mutual of Omaha	155	
New York Life	161	
Provident Alliance.....	165	
Prudential.....	171	
Travelers	175	
Washington National Insurance.....	181	
New Jersey Auto Dealers Association.....	185	
Allstate.....	186	
Mutual Life of New York.....	187	
National Association of Letter Carriers.....	188	
Local Union Insurance	189	
Lincoln National.....	191	
New Jersey Turnpike Authority.....	192	
Rasmussen	193	
Inter County Health Plan	194	
American Postal Workers	195	
Leader Administrators	196	
Fred S. James (James Benefit).....	197	
Mail Handlers Benefit Plan.....	198	
Other Commercial Insurance.....	199	

@ Effective with discharges of 04-01-1995 and later @

New Additions as of 11/8/96

MISCELLANEOUS

Premier Preferred Care of New Jersey	076
Union Insurance	091
Personnel Health Program	092
# MAGNET (Magna Care)	093 #
Indigent.....	095
^ QualCare	096 ^
Hospital Responsibility.....	098
Other.....	099

WORKERS' COMPENSATION

Aetna	205
Insurance Company of North America.....	211
Liberty Mutual.....	215
Employers Mutual.....	221
New Jersey Manufacturers	225
Travelers	231
Other Workers' Compensation.....	299

NO FAULT

Allstate.....	309
New Jersey Manufacturers	311
State Farm.....	315
Other No Fault	399

Effective with 01/01/1995 discharges and later

^ Effective with 10/01/1995 discharges and later ^

**THE FOLLOWING PAYER CODES WERE USED ONLY FOR 1994
DISCHARGES AND ARE NO LONGER AVAILABLE TO USE**

BLUE CROSS PLANS

*-Oakland (CA).....	041	*
*-San Francisco (CA).....	042	*
*-Columbus (GA).....	101	*
*- Blue Shield (HI).....	971	*
*-Sioux City (IA)	141	*
*- Albany (NY)	300	*
*- Watertown (NY)	307	*
*-Part A only (NY).....	308	*
*-Canton (OH).....	331	*
*-Columbus (OH).....	334	*
*-Lima (OH).....	335	*
*-Toledo (OH).....	337	*
*-Youngstown (OH).....	338	*
*-Allentown (PA).....	360	*
*-Roanoke (VA).....	424	*
*-Seattle (WA/AK).....	932	*
*-Spokane (WA/AK).....	936	*
*-Charleston (WV).....	441	*
*-Wheeling (WV).....	444	*

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

* Crossroads Health Plan.....	043	*
* Cumberland Regional Health Plan.....	044	*
* HIP of Greater NJ.....	046	*
* Rutgers Community Health Plan.....	049	*
* Southern Inter-County Med Assn ;	051	*
* Valley Health Plan.....	052	*
* HMO of NJ	054	*
* Omni Care.....	055	*
* Bergen County IPA.....	057	*
* HMO of PA.....	063	*
* PruCare	064	*
MAXICARE.....	065	*
* Corporate Health Administrators	075	*

ATTACHMENT J**1989 UB82 YEAR-TO-DATE FILE****THE FOLLOWING HMO PAYER CODES WILL BE DELETED EFFECTIVE
6/1/98 AND WILL NO LONGER BE AVAILABLE TO USE**

* AETNA Health Plans of New Jersey, Inc	053	*
** MetraHealth Care Plan of Upstate New York.....	061	**
** MetraHealth Care Plan of NJ	071	**
*** Garden State Health Plan.....	062	***
*** HMO Blue (Medigroup Metro).....	066	***
*** HMO Blue (Medigroup North)	067	***
*** HMO Blue (Medigroup South)	068	***
*** HMO Blue (Medigroup Shoreline)	069	***
*** Harmony Health Plan	085	***
*** Physician Health Care Plan of New Jersey	089	***
ChubbHealth Plan	082	
Community Health Care & Development Corp.....	083	
HMO Blue (Blue Cross/Blue Shield of New Jersey).....	086	

* Merged with HMO of PA-NJ (US Healthcare) - effective 12/13/97*

** Acquired by United Health Care - effective 8/96**

*** Consolidated into MEDI Group, Inc. (HMO Blue) - effective 11/2/95***

APPENDIX N	HOSPITAL OUTLIER CODE One Character, identifies the type of outlier a Patient is
	<p><u>For all Payers excluding 011, 014, & 015 use</u></p> <p>H High Outlier (Stay exceeds high trim point) L Low Outlier (Stay shorter than low trim point) S Same Day Surgery/Same Day Stay** T Transfer Out V Low Volume DRG " " Blank indicate Inliter</p>
	<p><u>For all MEDICARE (011 & 015) and Champus (014) use</u></p> <p>C Cost D Day S Same Day Surgery/Same Day Stay ** " " Blank indicate Inliter</p>
	<p>** If Inpatient "S" means Same Day Stay If Bill type = 131 "S" means Same Day Surgery</p>

ATTACHMENT H
REVENUE CODE AND MAPPING TABLE

Code	Mapping	Code	Mapping	Code	Mapping	Code	Mapping
022	EXC	154	PSA	224	MSA	289	THR
111	MSA	155	EXC	229	EXC	290	MSS
112	OBS	156	MSA	231	NBN	291	MSS
113	PED	157	EXC	232	OBS	292	MSS
114	PSA	158	EXC	233	ICU	293	MSS
115	EXC	159	EXC	234	CCU	294	EXC
116	MSA	164	MSA	235	EXC	299	MSS
117	EXC	167	MSA	239	EXC	300	LAB
118	EXC	169	MSA	240	NAC	301	LAB
119	EXC	171	NBN	241	NAC	302	LAB
121	MSA	172	NBN	242	NAC	303	LAB
122	OBS	173	NBN	243	NAC	304	LAB
123	PED	174	NNI	249	NAC	305	LAB
124	PSA	179	NBN	250	DRU	306	LAB
125	EXC	182	EXC	251	DRU	307	LAB
126	MSA	183	EXC	252	DRU	309	LAB
127	EXC	184	EXC	253	DRU	310	LAB
128	EXC	185	EXC	254	EXC	311	LAB
129	EXC	189	EXC	255	DRU	312	LAB
131	MSA	191	NAC	256	DRU	314	LAB
132	OBS	192	NAC	257	DRU	319	LAB
133	PED	193	NAC	258	DRU	320	RAD
134	PSA	194	NAC	259	DRU	321	RAD
135	EXC	199	NAC	260	MSS	322	RAD
136	MSA	201	ICU	261	MSS	323	RAD
137	EXC	202	ICU	262	MSS	324	RAD
138	EXC	203	ICU	263	MSS	329	RAD
139	EXC	204	ICU	264	MSS	330	THR
141	MSA	206	ICU	269	MSS	331	THR
142	OBS	207	BCU	270	MSS	332	THR
143	PED	208	ICU	271	MSS	333	THR
144	PSA	209	ICU	272	MSS	335	THR
145	EXC	211	CCU	273	MSS	339	THR
146	MSA	212	CCU	274	MSS	340	NMD
147	EXC	213	CCU	275	MSS	341	NMD
148	EXC	214	CCU	276	MSS	342	NMD
149	EXC	219	CCU	277	MSS	349	NMD
151	MSA	221	EXC	278	MSS	350	RAD
152	OBS	222	EXC	279	MSS	351	RAD
153	PED	223	EXC	280	THR	352	RAD

ATTACHMENT H
REVENUE CODE AND MAPPING TABLE

Code	Mapping										
359	RAD	450	EMR	560	PSY	655	EXC	821	EXC	924	LAB
360	ORR	451	EMR	561	PSY	656	EXC	822	EXC	925	LAB
361	ORR	452	EMR	562	PSY	657	EXC	823	EXC	929	EXC
362	ORR	456	EMR	569	PSY	659	EXC	824	EXC	940	EXC
367	ORR	459	EMR	570	HHA	660	EXC	825	EXC	941	OCC
369	ORR	460	RSP	571	HHA	661	EXC	829	EXC	942	OCC
370	ANS	469	RSP	572	HHA	662	EXC	830	EXC	943	OCC
371	ANS	471	SPA	579	HHA	670	EXC	831	EXC	944	OCC
372	ANS	472	SPA	580	HHA	671	EXC	832	EXC	945	OCC
374	ANS	479	SPA	581	HHA	672	EXC	833	EXC	946	MSS
379	ANS	480	CCA	582	HHA	679	EXC	834	EXC	947	MSS
380	LAB	481	CCA	589	HHA	700	EMR	835	EXC	949	OCC
381	LAB	482	EKG	590	HHA	709	EMR	839	EXC	960	EXC
382	LAB	483	RAD	599	HHA	710	ORR	840	EXC	961	PSY
383	LAB	489	CCA	600	EXC	719	ORR	841	EXC	962	CLN
384	LAB	490	SDS	601	EXC	720	DEL	842	EXC	963	ANS
385	LAB	499	SDS	602	EXC	721	DEL	843	EXC	964	ANS
386	LAB	500	EMR	603	EXC	722	DEL	844	EXC	969	EXC
387	LAB	509	EMR	604	EXC	723	DEL	845	EXC	971	LAB
389	LAB	510	CLN	610	RAD	724	DEL	849	EXC	972	RAD
390	LAB	511	CLN	611	RAD	729	DEL	850	EXC	973	THR
391	LAB	512	CLN	612	RAD	730	EKG	851	EXC	974	NMD
399	LAB	513	CLN	614	RAD	731	EKG	852	EXC	975	ORR
400	RAD	514	CLN	615	RAD	732	EKG	853	EXC	976	RSP
401	RAD	515	CLN	616	RAD	739	EKG	854	EXC	977	PHT
402	RAD	516	CLN	618	RAD	740	NEU	855	EXC	978	OCC
403	RAD	517	CLN	619	RAD	749	NEU	859	EXC	979	SPA
404	RAD	519	CLN	621	MSS	750	RAD	880	DIA	981	EMR
409	RAD	520	CLN	622	MSS	759	RAD	881	DIA	982	CLN
410	RSP	521	CLN	623	MSS	760	EXC	882	DIA	983	CLN
412	RSP	522	CLN	624	MSS	761	EXC	889	DIA	984	HHA
413	RSP	523	CLN	631	DRU	762	EXC	900	EXC	985	EKG
419	RSP	526	CLN	632	DRU	769	SDS	901	PSY	986	NEU
420	PHT	529	CLN	633	DRU	770	CLN	902	PSY	987	EXC
421	PHT	530	PHT	634	DIA	771	CLN	903	PSY	988	EXC
422	PHT	531	PHT	635	DIA	779	CLN	904	PSY	989	EXC
423	PHT	539	PHT	636	DRU	790	RAD	909	PSY	990	EXC
424	PHT	540	EMR	637	DRU	799	RAD	910	PSY	991	EXC
429	PHT	541	EMR	640	EXC	800	DIA	911	PSY	992	EXC
430	OCC	542	EMR	641	EXC	801	DIA	912	PSY	993	EXC
431	OCC	543	EXC	642	EXC	802	DIA	913	PSY	994	EXC
432	OCC	544	EMR	643	EXC	803	DIA	914	PSY	995	EXC
433	OCC	545	EMR	644	EXC	804	DIA	915	PSY	996	EXC
434	OCC	546	EMR	645	EXC	809	DIA	916	PSY	997	EXC
439	OCC	547	EMR	646	EXC	810	ORG	917	PSY	998	EXC
440	SPA	548	EMR	647	EXC	811	ORG	918	PSY	999	EXC
441	SPA	549	EMR	648	EXC	812	ORG	919	PSY		
442	SPA	550	HHA	649	EXC	813	ORG	920	EXC		
443	SPA	551	HHA	650	EXC	814	ORG	921	LAB		
444	SPA	552	HHA	651	EXC	819	ORG	922	NEU		
449	SPA	559	HHA	652	EXC	820	EXC	923	LAB		

ATTACHMENT I

Hosp. No.	Div. Code	Hospital Name	Hosp. No.	Div. Code	Hospital Name
1	0	Hackensack Hospital	29	0	Our Lady of Lourdes Medical Center
2	0	Newark Beth Israel Medical Center	31	0	Deborah Heart and Lung Center
3	0	Palisades General Hospital	32		South Jersey Hospital System
5	0	Hunterdon Medical Center	32	1	Millville Div.
6	0	Saint Mary's Hospital - Passaic	32	2	Bridgeton Div.
8	0	Holy Name Hospital	33	0	Alexian Brothers (Closed)
9	0	Clara Maass Medical Center	34	0	Riverside Hospital
10	0	Medical Center at Princeton	36	0	South Amboy Memorial Hospital
11	0	Burdette Tomlin Memorial Hospital	37	0	Pascack Valley Hospital
12	0	Valley Hospital	38	0	Robert Wood Johnson University Hospital
13	0	Irvington General Hospital	39		Raritan Bay Medical Center
14	0	Cooper Hospital University Med. Center	39	1	Perth Amboy Div.
15	1	Morristown Memorial Hospital	39	2	Old Bridge Div.
16	0	Christ Hospital	40	0	Saint Mary Hospital - Hoboken
17	0	Chilton Memorial Hospital	41	0	Community Medical Center
18	0	Saint James Hospital Division #96	42	0	West Hudson Hospital
19	0	Saint Joseph's Hospital	43	0	Montclair Community Hospital
20	0	Beth Israel Hospital - Passaic	44	0	Mercer Medical Center
21	0	Saint Francis Medical Center (T)	45	0	Englewood Hospital Association
22		West Jersey Health System	47	0	Shore Memorial Hospital
22	1	Northern Div. Camden	48	0	Somerset Medical Center
22	2	Southern Div. Berlin	49	0	Saint Francis Community Hospital
22	3	Eastern Div. Voorhees	50	0	Saint Clare's- Riverside Medical Center
22	4	Garden State Div. Marlton	51	0	Overlook Hospital
24	0	Rahway Hospital	52		Medical Center of Ocean County
25	0	Bayonne Hospital	52	1	Point Pleasant Div.
26	0	Barnert Memorial Hospital	52	2	Brick Township Div.
27	0	Elizabeth General Medical Center	54	0	Mountainside Hospital
28	0	Newton Memorial Hospital	56		Zurbrug Memorial Hospital (Closed)

ATTACHMENT I

Hosp. No.	Div. Code	Hospital Name	Hosp. No.	Div. Code	Hospital Name
56	1	Riverside Div. (Closed)	84	0	Kimball Medical Center
56	2	Rancocas Div. (Changed to 61 11-97)	85	0	Saddle Brook (Closed)
57	0	Memorial Hospital of Burlington County	86		Kennedy Memorial at Stratford
58	0	Bergen Pines County Hospital	86	1	Washington Div.
59	0	South Bergen Hospital (Closed)	86	2	Cherry Hill Div.
60	0	Warren Hospital	86	3	Stratford Div.
61	0	Rancocas Hospital (11-97)	87	0	Newcomb Medical Center
62	0	United Hospital Medical Center	88	0	William B. Kessler Memorial Hospital
63	0	Muhlenburg Regional Medical Center	90	0	Union Hospital
64		Atlantic City Medical Center	91	0	Memorial Hospital at Salem County
64	1	Mainland Div.	92	0	Helene Fuld Medical Center
64	2	Atlantic City Div.	93	0	Columbus Hospital
67	0	Dover General Hospital/Medical Center	94	0	Livingston Hospital (Closed)
68	0	See #32	96	0	Cathedral Health System
69	0	Elmer Community Hospital	105	0	Greenville Hospital
70	0	Saint Peter's Medical Center	108	0	Kennedy Community at Edison
71	0	Saint Mary's (Orange) Div. #96	110	0	Hamilton Hospital
72	0	Saint Elizabeth Hospital	111	0	Centrastate Medical Center
73	0	Jersey Shore Medical Center	112	0	Bayshore Community Hospital
74	0	Jersey City Medical Center	113	0	Southern Ocean County Hospital
75	0	Monmouth Medical Center	115	0	Hackettstown Community Hospital
76	0	Saint Barnabas Medical Center	116	0	Wayne General Hospital
77	0	General Hospital Center at Passaic	118	0	Meadowland Hospital/Medical Center
78	0	Hospital Center at Orange	119	0	University Hospital (UMDNJ)
81	0	Underwood Memorial Hospital	120	0	Wallkill Valley General Hospital
83	0	East Orange General Hospital Hospital			

ATTACHMENT J**1985 UB82 YEAR-TO-DATE FILE**

POS.	1-7	PROVIDER NUMBER
POS.	8-13	DISCHARGE DATE
POS.	14-25	PATIENT CONTROL NUMBER
POS.	26-26	RECORD ID NUMBER
POS.	27-35	MEDICAL RECORD NUMBER
POS.	36-41	ADMISSION DATE
POS.	42-44	ACU DAYS
POS.	45-47	SNF DAYS
POS.	48-50	ICF DAYS
POS.	51-53	RESIDENTIAL DAYS
POS.	54-56	LENGTH OF STAY (LOS)
POS.	57-58	PATIENT STATUS CODE
POS.	59-67	ZIP CODE
POS.	68-71	RESIDENCE CODE
POS.	72-72	PATIENT SEX
POS.	73-73	RACE
POS.	74-79	BIRTH DATE
POS.	80-80	CENTURY INDICATOR
POS.	81-82	ADMISSION HOUR
POS.	83-83	ADMISSION TYPE
POS.	84-84	READMISSION
POS.	85-85	ADMISSION SOURCE
POS.	86-90	TRANSFER IN CODE
POS.	91-95	TRANSFER OUT CODE
POS.	96-96	ERROR FLAG
POS.	97-97	DRG ASSIGNED
POS.	98-101	GROUPER PROCEDURE
POS.	102-103	AGE
POS.	104-104	FILLER (SPACES)
POS.	105-107	HOSPITAL DRG NUMBER
POS.	108-108	OUTLIER INDICATOR
POS.	109-113	PRIMARY DIAGNOSIS CODE
POS.	114-118	SECOND DIAGNOSIS CODE
POS.	119-123	THIRD DIAGNOSIS CODE
POS.	124-128	FOURTH DIAGNOSIS CODE
POS.	129-133	FIFTH DIAGNOSIS CODE
POS.	134-138	SIXTH DIAGNOSIS CODE
POS.	139-143	SEVENTH DIAGNOSIS CODE
POS.	144-148	EIGHT DIAGNOSIS CODE
POS.	149-153	NINTH DIAGNOSIS CODE
POS.	154-157	PRIMARY PROCEDURE CODE
POS.	158-163	PRIMARY PROCEDURE DATE
POS.	164-167	SECOND PROCEDURE CODE
POS.	168-173	SECOND PROCEDURE DATE

ATTACHMENT J**1989 UB82 YEAR-TO-DATE FILE**

POS.	174-177	THIRD PROCEDURE CODE
POS.	178-183	THIRD PROCEDURE DATE
POS.	184-187	FOURTH PROCEDURE CODE
POS.	188-193	FOURTH PROCEDURE DATE
POS.	194-197	FIFTH PROCEDURE CODE
POS.	198-203	FIFTH PROCEDURE DATE
POS.	204-207	SIXTH PROCEDURE CODE
POS.	208-213	SIXTH PROCEDURE DATE
POS.	214-217	SEVENTH PROCEDURE CODE
POS.	218-223	SEVENTH PROCEDURE DATE
POS.	224-227	EIGHT PROCEDURE CODE
POS.	228-233	EIGHT PROCEDURE DATE
POS.	234-240	ATTENDING PHYSICIAN CODE
POS.	241-241	ATTENDING PHYSICIAN SPECIALITY
POS.	242-248	SURGEON CODE
POS.	249-251	DRG 1
POS.	252-254	DRG 2
POS.	255-256	MDC
POS.	257-257	GROUPER RETURN CODE
POS.	258-263	FILLER (SPACES)
POS.	264-266	BILL TYPE
POS.	267-269	PRIMARY PAYOR CODE
POS.	270-272	SECONDARY PAYOR CODE
POS.	273-275	TERTIARY PAYOR CODE
POS.	276-279	TOTAL HOSPITAL BILL
POS.	280-283	TOTAL CHARGE PRIMARY
POS.	284-287	TOTAL CHARGE SECONDARY
POS.	288-291	TOTAL CHARGE TERTIARY
POS.	292-295	TOTAL CHARGE PATIENT
POS.	296-299	AMOUNT DUE FROM PRIMARY PAYOR
POS.	300-303	AMOUNT DUE FROM SECONDARY
POS.	304-307	AMOUNT DUE FROM TERTIARY PAYOR
POS.	308-311	AMOUNT DUE FROM PATIENT PAYOR
POS.	312-315	SEMI-PRIVATE RATE
POS.	316-320	GROUPER >ANY= DIAGNOSIS
POS.	321-325	GROUPER SECONDARY DIAGNOSIS
POS.	326-329	TOTAL CHARGES
POS.	330-333	TOTAL PRIMARY PAYOR CHARGES
POS.	334-337	TOTAL SECONDARY PAYOR CHARGES
POS.	338-341	TOTAL TERTIARY PAYOR CHARGES
POS.	342-345	TOTAL PATIENT CHARGES
POS.	346-349	TOTAL INVALID CHARGES
POS.	350-353	TOTAL INVALID PRIMARY PAYOR CHARGES
POS.	354-357	TOTAL INVALID SECONDARY PAYOR CHARGES

ATTACHMENT J**1985 UB82 YEAR-TO-DATE FILE**

POS.	358-361	TOTAL INVALID TERTIARY PAYOR CHARGES
POS.	362-365	TOTAL INVALID PATIENT CHARGES
POS.	366-371	TABLE ELEMENT MSA 1
POS.	372-377	TABLE ELEMENT OBS 2
POS.	378-383	TABLE ELEMENT PED 3
POS.	384-389	TABLE ELEMENT PSA 4
POS.	390-395	TABLE ELEMENT BCU 5
POS.	396-401	TABLE ELEMENT ICU 6
POS.	402-407	TABLE ELEMENT CCU 7
POS.	408-413	TABLE ELEMENT NNI 8
POS.	414-419	TABLE ELEMENT NBN 9
POS.	420-425	TABLE ELEMENT EMR 10
POS.	426-431	TABLE ELEMENT CLN 11
POS.	432-437	TABLE ELEMENT HHA 12
POS.	438-443	TABLE ELEMENT ANS 13
POS.	444-449	TABLE ELEMENT CCA 14
POS.	450-455	TABLE ELEMENT DEL 15
POS.	456-461	TABLE ELEMENT DIA 16
POS.	462-467	TABLE ELEMENT DRU 17
POS.	468-473	TABLE ELEMENT EKG 18
POS.	474-479	TABLE ELEMENT LAB 19
POS.	480-485	TABLE ELEMENT MSS 20
POS.	486-491	TABLE ELEMENT NEU 21
POS.	492-497	TABLE ELEMENT NMD 22
POS.	498-503	TABLE ELEMENT OCC 23
POS.	504-509	TABLE ELEMENT ORP 24
POS.	510-515	TABLE ELEMENT ORG 25
POS.	516-521	TABLE ELEMENT PHT 26
POS.	522-527	TABLE ELEMENT PSY 27
POS.	528-533	TABLE ELEMENT RAD 28
POS.	534-539	TABLE ELEMENT RSP 29
POS.	540-545	TABLE ELEMENT SPA 30
POS.	546-551	TABLE ELEMENT THR 31
POS.	552-557	TABLE ELEMENT SDS 32
POS.	558-563	TABLE ELEMENT EXC 33
POS.	564-569	TABLE ELEMENT NAC 34
POS.	570-575	TABLE ELEMENT MNC 35
POS.	576-600	FILLER (SPACES)

ATTACHMENT J-1

1989 UB82 YEAR-TO-DATE FILE

ATTACHMENT J-1

1989 UB82 YEAR-TO-DATE FILE

1989 UB82 YEAR-TO-DATE FILE

POS.	1-7	PROVIDER NUMBER
POS.	8-13	DISCHARGE DATE
POS.	14-25	PATIENT CONTROL NUMBER
POS.	26-26	RECORD ID NUMBER
POS.	27-35	MEDICAL RECORD NUMBER
POS.	36-41	ADMISSION DATE
POS.	42-44	ACU DAYS
POS.	45-47	SNF DAYS
POS.	48-50	ICF DAYS
POS.	51-53	RESIDENTIAL DAYS
POS.	54-56	LENGTH OF STAY (LOS)
POS.	57-58	PATIENT STATUS CODE
POS.	59-67	ZIP CODE
POS.	68-71	RESIDENCE CODE
POS.	72-72	PATIENT SEX
POS.	73-73	RACE
POS.	74-79	BIRTH DATE
POS.	80-80	CENTURY INDICATOR
POS.	81-82	ADMISSION HOUR
POS.	83-83	ADMISSION TYPE
POS.	84-84	READMISSION
POS.	85-85	ADMISSION SOURCE
POS.	86-90	TRANSFER IN CODE
POS.	91-95	TRANSFER OUT CODE
POS.	96-96	ERROR FLAG
POS.	97-98	AGE
POS.	99-104	FILLER (SPACES)
POS.	105-107	HOSPITAL DRG NUMBER
POS.	108-108	OUTLIER INDICATOR
POS.	109-113	PRIMARY DIAGNOSIS CODE
POS.	114-118	SECOND DIAGNOSIS CODE
POS.	119-123	THIRD DIAGNOSIS CODE
POS.	124-128	FOURTH DIAGNOSIS CODE
POS.	129-133	FIFTH DIAGNOSIS CODE
POS.	134-138	SIXTH DIAGNOSIS CODE
POS.	139-143	SEVENTH DIAGNOSIS CODE
POS.	144-148	EIGHT DIAGNOSIS CODE
POS.	149-153	NINTH DIAGNOSIS CODE
POS.	154-157	PRIMARY PROCEDURE CODE
POS.	158-163	PRIMARY PROCEDURE DATE
POS.	164-167	SECOND PROCEDURE CODE
POS.	168-173	SECOND PROCEDURE DATE
POS.	174-177	THIRD PROCEDURE CODE
POS.	178-183	THIRD PROCEDURE DATE
POS.	184-187	FOURTH PROCEDURE CODE
POS.	188-193	FOURTH PROCEDURE DATE
POS.	194-197	FIFTH PROCEDURE CODE
POS.	198-203	FIFTH PROCEDURE DATE

1989 UB82 YEAR-TO-DATE FILE

POS.	204-207	SIXTH PROCEDURE CODE
POS.	208-213	SIXTH PROCEDURE DATE
POS.	214-217	SEVENTH PROCEDURE CODE
POS.	218-223	SEVENTH PROCEDURE DATE
POS.	224-227	EIGHT PROCEDURE CODE
POS.	228-233	EIGHT PROCEDURE DATE
POS.	234-240	ATTENDING PHYSICIAN CODE
POS.	241-241	ATTENDING PHYSICIAN SPECIALITY
POS.	242-248	SURGEON CODE
POS.	249-263	FILLER (SPACES)
POS.	264-266	BILL TYPE
POS.	267-269	PRIMARY PAYOR CODE
POS.	270-272	SECONDARY PAYOR CODE
POS.	273-275	TERTIARY PAYOR CODE
POS.	276-279	TOTAL HOSPITAL BILL
POS.	280-283	TOTAL CHARGE PRIMARY
POS.	284-287	TOTAL CHARGE SECONDARY
POS.	288-291	TOTAL CHARGE TERTIARY
POS.	292-295	TOTAL CHARGE PATIENT
POS.	296-299	AMOUNT DUE FROM PRIMARY PAYOR
POS.	300-303	AMOUNT DUE FROM SECONDARY
POS.	304-307	AMOUNT DUE FROM TERTIARY PAYOR
POS.	308-311	AMOUNT DUE FROM PATIENT PAYOR
POS.	312-315	SEMI-PRIVATE RATE
POS.	316-325	FILLER (SPACES)
POS.	326-329	BIRTH WEIGHT
POS.	330-332	FINAL SEVERITY SCORES
POS.	333-335	FIRST DX SCORES
POS.	336-338	SECOND DX SCORES
POS.	339-340	THIRD DX SCORES
POS.	342-344	FOURTH DX SCORES
POS.	345-347	FIFTH DX SCORES
POS.	348-350	SIXTH DX SCORES
POS.	351-353	SEVENTH DX SCORES
POS.	354-356	EIGHT DX SCORES
POS.	357-359	NINTH DX SCORES
POS.	360-362	DRG 1
POS.	363-365	DRG 2
POS.	366-367	MDC
POS.	368-368	GROUPER RETURN CODE
POS.	369-372	FIRST GROUPER O.R. PROC CODE
POS.	373-376	SECOND GROUPER O.R. PROC CODE
POS.	377-380	THIRD GROUPER O.R. PROC CODE
POS.	381-384	FOURTH GROUPER O.R. PROC CODE
POS.	385-389	FIRST GROUPER DIAGNOSIS CODE
POS.	390-394	SECOND GROUPER DIAGNOSIS CODE
POS.	395-399	THIRD GROUPER DIAGNOSIS CODE
POS.	400-404	FOURTH GROUPER DIAGNOSIS CODE
POS.	405-405	FILLER

1989 UB82 YEAR-TO-DATE FILE

POS.	406-409	TOTAL CHARGES
POS.	410-413	TOTAL PRIMARY PAYOR CHARGES
POS.	414-417	TOTAL SECONDARY PAYOR CHARGES
POS.	418-421	TOTAL TERTIARY PAYOR CHARGES
POS.	422-425	TOTAL PATIENT CHARGES
POS.	426-429	TOTAL INVALID CHARGES
POS.	430-433	TOTAL INVALID PRIMARY PAYOR CHARGES
POS.	434-437	TOTAL INVALID SECONDARY PAYOR CHARGES
POS.	438-441	TOTAL INVALID TERTIARY PAYOR CHARGES
POS.	442-445	TOTAL INVALID PATIENT CHARGES
POS.	446-451	TABLE ELEMENT MSA 1
POS.	452-457	TABLE ELEMENT OBS 2
POS.	458-463	TABLE ELEMENT PED 3
POS.	464-469	TABLE ELEMENT PSA 4
POS.	470-475	TABLE ELEMENT BCU 5
POS.	476-481	TABLE ELEMENT ICU 6
POS.	482-487	TABLE ELEMENT CCU 7
POS.	488-493	TABLE ELEMENT NNI 8
POS.	494-499	TABLE ELEMENT NBN 9
POS.	500-505	TABLE ELEMENT EMR 10
POS.	506-511	TABLE ELEMENT CLN 11
POS.	512-517	TABLE ELEMENT HHA 12
POS.	518-523	TABLE ELEMENT ANS 13
POS.	524-529	TABLE ELEMENT CCA 14
POS.	530-535	TABLE ELEMENT DEL 15
POS.	536-541	TABLE ELEMENT DIA 16
POS.	542-547	TABLE ELEMENT DRU 17
POS.	548-553	TABLE ELEMENT EKG 18
POS.	554-559	TABLE ELEMENT LAB 19
POS.	560-565	TABLE ELEMENT MSS 20
POS.	566-571	TABLE ELEMENT NEU 21
POS.	572-577	TABLE ELEMENT NMD 22
POS.	578-583	TABLE ELEMENT OCC 23
POS.	584-589	TABLE ELEMENT ORP 24
POS.	590-595	TABLE ELEMENT ORG 25
POS.	596-601	TABLE ELEMENT PHT 26
POS.	602-607	TABLE ELEMENT PSY 27
POS.	608-613	TABLE ELEMENT RAD 28
POS.	614-619	TABLE ELEMENT RSP 29
POS.	620-625	TABLE ELEMENT SPA 30
POS.	626-631	TABLE ELEMENT THR 31
POS.	632-637	TABLE ELEMENT SDS 32
POS.	638-643	TABLE ELEMENT EXC 33
POS.	644-649	TABLE ELEMENT NAC 34
POS.	650-655	TABLE ELEMENT MNC 35
POS.	656-700	FILLER (SPACES)

1990 UB82 YEAR-TO-DATE FILE

POS.	1-7	PROVIDER NUMBER
POS.	8-13	DISCHARGE DATE
POS.	14-25	PATIENT CONTROL NUMBER
POS.	26-26	RECORD ID NUMBER
POS.	27-35	MEDICAL RECORD NUMBER
POS.	36-41	ADMISSION DATE
POS.	42-44	ACU DAYS
POS.	45-47	SNF DAYS
POS.	48-50	ICF DAYS
POS.	51-53	RESIDENTIAL DAYS
POS.	54-56	LENGTH OF STAY (LOS)
POS.	57-58	PATIENT STATUS CODE
POS.	59-63	ZIP CODE
POS.	64-67	ZIP CODE EXTENSION
POS.	68-71	RESIDENCE CODE
POS.	72-72	PATIENT SEX
POS.	73-73	RACE
POS.	74-79	BIRTH DATE
POS.	80-80	CENTURY INDICATOR
POS.	81-82	ADMISSION HOUR
POS.	83-83	ADMISSION TYPE
POS.	84-84	READMISSION
POS.	85-85	ADMISSION SOURCE
POS.	86-101	INSURED-S IDENTIFICATION NUMBER
POS.	102-103	EMPLOYEE INFORMATION 1
POS.	104-104	EMPLOYEE STATUS 1
POS.	105-107	HOSPITAL DRG NUMBER
POS.	108-108	OUTLIER INDICATOR
POS.	109-113	PRIMARY DIAGNOSIS CODE
POS.	114-118	SECOND DIAGNOSIS CODE
POS.	119-123	THIRD DIAGNOSIS CODE
POS.	124-128	FOURTH DIAGNOSIS CODE
POS.	129-133	FIFTH DIAGNOSIS CODE
POS.	134-138	SIXTH DIAGNOSIS CODE
POS.	139-143	SEVENTH DIAGNOSIS CODE
POS.	144-148	EIGHT DIAGNOSIS CODE
POS.	149-153	NINTH DIAGNOSIS CODE
POS.	154-157	PRIMARY PROCEDURE CODE
POS.	158-163	PRIMARY PROCEDURE DATE
POS.	164-167	SECOND PROCEDURE CODE
POS.	168-173	SECOND PROCEDURE DATE
POS.	174-177	THIRD PROCEDURE CODE
POS.	178-183	THIRD PROCEDURE DATE
POS.	184-187	FOURTH PROCEDURE CODE
POS.	188-193	FOURTH PROCEDURE DATE
POS.	194-197	FIFTH PROCEDURE CODE
POS.	198-203	FIFTH PROCEDURE DATE
POS.	204-207	SIXTH PROCEDURE CODE
POS.	208-213	SIXTH PROCEDURE DATE

1990 UB82 YEAR-TO-DATE FILE

POS.	214-217	SEVENTH PROCEDURE CODE
POS.	218-223	SEVENTH PROCEDURE DATE
POS.	224-227	EIGHT PROCEDURE CODE
POS.	228-233	EIGHT PROCEDURE DATE
POS.	234-240	ATTENDING PHYSICIAN CODE
POS.	241-241	ATTENDING PHYSICIAN SPECIALITY
POS.	242-248	SURGEON CODE
POS.	249-253	TRANSFER IN CODE
POS.	254-258	TRANSFER OUT CODE
POS.	259-259	ERROR FLAG
POS.	260-261	AGE
POS.	262-263	EMPLOYEE INFORMATION 2
POS.	264-266	BILL TYPE
POS.	267-269	PRIMARY PAYOR CODE
POS.	270-272	SECONDARY PAYOR CODE
POS.	273-275	TERTIARY PAYOR CODE
POS.	276-279	TOTAL HOSPITAL BILL
POS.	280-283	TOTAL CHARGE PRIMARY
POS.	284-287	TOTAL CHARGE SECONDARY
POS.	288-291	TOTAL CHARGE TERTIARY
POS.	292-295	TOTAL CHARGE PATIENT
POS.	296-299	AMOUNT DUE FROM PRIMARY PAYOR
POS.	300-303	AMOUNT DUE FROM SECONDARY
POS.	304-307	AMOUNT DUE FROM TERTIARY PAYOR
POS.	308-311	AMOUNT DUE FROM PATIENT PAYOR
POS.	312-315	SEMI-PRIVATE RATE
POS.	316-316	EMPLOYEE STATUS 2
POS.	317-325	FILLER (SPACES)
POS.	326-329	BIRTH WEIGHT
POS.	330-332	FINAL SEVERITY SCORES
POS.	333-335	FIRST DX SCORES
POS.	336-338	SECOND DX SCORES
POS.	339-340	THIRD DX SCORES
POS.	342-344	FOURTH DX SCORES
POS.	345-347	FIFTH DX SCORES
POS.	348-350	SIXTH DX SCORES
POS.	351-353	SEVENTH DX SCORES
POS.	354-356	EIGHT DX SCORES
POS.	357-359	NINTH DX SCORES
POS.	360-362	DRG 1
POS.	363-365	DRG 2
POS.	366-367	MDC
POS.	368-368	GROUper RETURN CODE
POS.	369-372	FIRST GROUper O.R. PROC CODE
POS.	373-376	SECOND GROUper O.R. PROC CODE
POS.	377-380	THIRD GROUper O.R. PROC CODE
POS.	381-384	FOURTH GROUper O.R. PROC CODE
POS.	385-389	FIRST GROUper DIAGNOSIS CODE
POS.	390-394	SECOND GROUper DIAGNOSIS CODE

1990 UB82 YEAR-TO-DATE FILE

POS.	395-399	THIRD GROUper DIAGNOSIS CODE
POS.	400-404	FOURTH GROUper DIAGNOSIS CODE
POS.	405-405	FILLER
POS.	406-409	TOTAL CHARGES
POS.	410-413	TOTAL PRIMARY PAYOR CHARGES
POS.	414-417	TOTAL SECONDARY PAYOR CHARGES
POS.	418-421	TOTAL TERTIARY PAYOR CHARGES
POS.	422-425	TOTAL PATIENT CHARGES
POS.	426-429	TOTAL INVALID CHARGES
POS.	430-433	TOTAL INVALID PRIMARY PAYOR CHARGES
POS.	434-437	TOTAL INVALID SECONDARY PAYOR CHARGES
POS.	438-441	TOTAL INVALID TERTIARY PAYOR CHARGES
POS.	442-445	TOTAL INVALID PATIENT CHARGES
POS.	446-451	TABLE ELEMENT MSA 1
POS.	452-457	TABLE ELEMENT OBS 2
POS.	458-463	TABLE ELEMENT PED 3
POS.	464-469	TABLE ELEMENT PSA 4
POS.	470-475	TABLE ELEMENT BCU 5
POS.	476-481	TABLE ELEMENT ICU 6
POS.	482-487	TABLE ELEMENT CCU 7
POS.	488-493	TABLE ELEMENT NNI 8
POS.	494-499	TABLE ELEMENT NBN 9
POS.	500-505	TABLE ELEMENT EMR 10
POS.	506-511	TABLE ELEMENT CLN 11
POS.	512-517	TABLE ELEMENT HHA 12
POS.	518-523	TABLE ELEMENT ANS 13
POS.	524-529	TABLE ELEMENT CCA 14
POS.	530-535	TABLE ELEMENT DEL 15
POS.	536-541	TABLE ELEMENT DIA 16
POS.	542-547	TABLE ELEMENT DRU 17
POS.	548-553	TABLE ELEMENT EKG 18
POS.	554-559	TABLE ELEMENT LAB 19
POS.	560-565	TABLE ELEMENT MSS 20
POS.	566-571	TABLE ELEMENT NEU 21
POS.	572-577	TABLE ELEMENT NMD 22
POS.	578-583	TABLE ELEMENT OCC 23
POS.	584-589	TABLE ELEMENT ORP 24
POS.	590-595	TABLE ELEMENT ORG 25
POS.	596-601	TABLE ELEMENT PHT 26
POS.	602-607	TABLE ELEMENT PSY 27
POS.	608-613	TABLE ELEMENT RAD 28
POS.	614-619	TABLE ELEMENT RSP 29
POS.	620-625	TABLE ELEMENT SPA 30
POS.	626-631	TABLE ELEMENT THR 31
POS.	632-637	TABLE ELEMENT SDS 32
POS.	638-643	TABLE ELEMENT EXC 33
POS.	644-649	TABLE ELEMENT NAC 34
POS.	650-655	TABLE ELEMENT MNC 35
POS.	656-700	FILLER (SPACES)

60D

1993 UB82 YEAR-TO-DATE FILE

POS.	1-7	PROVIDER NUMBER
POS.	8-13	DISCHARGE DATE
POS.	14-25	PATIENT CONTROL NUMBER
POS.	26-26	RECORD ID NUMBER
POS.	27-35	MEDICAL RECORD NUMBER
POS.	36-41	ADMISSION DATE
POS.	42-44	ACU DAYS
POS.	45-47	SNF DAYS
POS.	48-50	ICF DAYS
POS.	51-53	RESIDENTIAL DAYS
POS.	54-56	LENGTH OF STAY (LOS)
POS.	57-58	PATIENT STATUS CODE
POS.	59-63	ZIP CODE
POS.	64-67	ZIP CODE EXTENSION
POS.	68-71	RESIDENCE CODE
POS.	72-72	PATIENT SEX
POS.	73-73	RACE
POS.	74-79	BIRTH DATE
POS.	80-80	CENTURY INDICATOR
POS.	81-82	ADMISSION HOUR
POS.	83-83	ADMISSION TYPE
POS.	84-84	READMISSION
POS.	85-85	ADMISSION SOURCE
POS.	86-101	INSURED-S IDENTIFICATION NUMBER
POS.	102-103	EMPLOYEE INFORMATION 1
POS.	104-104	EMPLOYEE STATUS 1
POS.	105-107	HOSPITAL DRG NUMBER
POS.	108-108	OUTLIER INDICATOR
POS.	109-113	PRIMARY DIAGNOSIS CODE
POS.	114-118	SECOND DIAGNOSIS CODE
POS.	119-123	THIRD DIAGNOSIS CODE
POS.	124-128	FOURTH DIAGNOSIS CODE
POS.	129-133	FIFTH DIAGNOSIS CODE
POS.	134-138	SIXTH DIAGNOSIS CODE
POS.	139-143	SEVENTH DIAGNOSIS CODE
POS.	144-148	EIGHT DIAGNOSIS CODE
POS.	149-153	NINTH DIAGNOSIS CODE
POS.	154-157	PRIMARY PROCEDURE CODE
POS.	158-163	PRIMARY PROCEDURE DATE
POS.	164-167	SECOND PROCEDURE CODE
POS.	168-173	SECOND PROCEDURE DATE
POS.	174-177	THIRD PROCEDURE CODE
POS.	178-183	THIRD PROCEDURE DATE
POS.	184-187	FOURTH PROCEDURE CODE
POS.	188-193	FOURTH PROCEDURE DATE
POS.	194-197	FIFTH PROCEDURE CODE
POS.	198-203	FIFTH PROCEDURE DATE
POS.	204-207	SIXTH PROCEDURE CODE

1993 UB82 YEAR-TO-DATE FILE

POS.	208-213	SIXTH PROCEDURE DATE
POS.	214-217	SEVENTH PROCEDURE CODE
POS.	218-223	SEVENTH PROCEDURE DATE
	224-227	EIGHT PROCEDURE CODE
POS.	228-233	EIGHT PROCEDURE DATE
POS.	234-240	ATTENDING PHYSICIAN CODE
POS.	241-241	ATTENDING PHYSICIAN SPECIALITY
POS.	242-248	SURGEON CODE
POS.	249-253	TRANSFER IN CODE
POS.	254-258	TRANSFER OUT CODE
POS.	259-259	ERROR FLAG
POS.	260-261	AGE
POS.	262-263	EMPLOYEE INFORMATION 2
POS.	264-266	BILL TYPE
POS.	267-269	PRIMARY PAYOR CODE
POS.	270-272	SECONDARY PAYOR CODE
POS.	273-275	TERTIARY PAYOR CODE
POS.	276-279	TOTAL HOSPITAL BILL
POS.	280-283	TOTAL CHARGE PRIMARY
POS.	284-287	TOTAL CHARGE SECONDARY
POS.	288-291	TOTAL CHARGE TERTIARY
POS.	292-295	TOTAL CHARGE PATIENT
POS.	296-299	AMOUNT DUE FROM PRIMARY PAYOR
POS.	300-303	AMOUNT DUE FROM SECONDARY
POS.	304-307	AMOUNT DUE FROM TERTIARY PAYOR
POS.	308-311	AMOUNT DUE FROM PATIENT PAYOR
POS.	312-315	SEMI-PRIVATE RATE
POS.	316-316	EMPLOYEE STATUS 2
POS.	317-319	FILLER (SPACES)
POS.	320-320	HISPANIC ETHNICITY
POS.	321-325	E-CODE
POS.	326-329	BIRTH WEIGHT
POS.	330-348	PATIENT LAST NAME
POS.	349-349	MIDDLE INITIAL
POS.	350-359	PATIENT FIRST NAME
POS.	360-362	DRG 1
POS.	363-365	DRG 2
POS.	366-367	MDC
POS.	368-368	GROUper RETURN CODE
POS.	369-372	FIRST GROUper O.R. PROC CODE
POS.	373-376	SECOND GROUper O.R. PROC CODE
POS.	377-380	THIRD GROUper O.R. PROC CODE
POS.	381-384	FOURTH GROUper O.R. PROC CODE
POS.	385-389	FIRST GROUper DIAGNOSIS CODE
POS.	390-394	SECOND GROUper DIAGNOSIS CODE
POS.	395-399	THIRD GROUper DIAGNOSIS CODE
POS.	400-404	FOURTH GROUper DIAGNOSIS CODE
POS.	405-405	SDS FLAG
POS.	406-409	TOTAL CHARGES

1993 UB82 YEAR-TO-DATE FILE

POS.	410-413	TOTAL PRIMARY PAYOR CHARGES
POS.	414-417	TOTAL SECONDARY PAYOR CHARGES
POS.	418-421	TOTAL TERTIARY PAYOR CHARGES
POS.	422-425	TOTAL PATIENT CHARGES
POS.	426-429	TOTAL INVALID CHARGES
POS.	430-433	TOTAL INVALID PRIMARY PAYOR CHARGES
POS.	434-437	TOTAL INVALID SECONDARY PAYOR CHARGES
POS.	438-441	TOTAL INVALID TERTIARY PAYOR CHARGES
POS.	442-445	TOTAL INVALID PATIENT CHARGES
POS.	446-451	TABLE ELEMENT MSA 1
POS.	452-457	TABLE ELEMENT OBS 2
POS.	458-463	TABLE ELEMENT PED 3
POS.	464-469	TABLE ELEMENT PSA 4
POS.	470-475	TABLE ELEMENT BCU 5
POS.	476-481	TABLE ELEMENT ICU 6
POS.	482-487	TABLE ELEMENT CCU 7
POS.	488-493	TABLE ELEMENT NNI 8
POS.	494-499	TABLE ELEMENT NBN 9
POS.	500-505	TABLE ELEMENT EMR 10
POS.	506-511	TABLE ELEMENT CLN 11
POS.	512-517	TABLE ELEMENT HHA 12
POS.	518-523	TABLE ELEMENT ANS 13
POS.	524-529	TABLE ELEMENT CCA 14
POS.	530-535	TABLE ELEMENT DEL 15
POS.	536-541	TABLE ELEMENT DIA 16
POS.	542-547	TABLE ELEMENT DRU 17
POS.	548-553	TABLE ELEMENT EKG 18
POS.	554-559	TABLE ELEMENT LAB 19
POS.	560-565	TABLE ELEMENT MSS 20
POS.	566-571	TABLE ELEMENT NEU 21
POS.	572-577	TABLE ELEMENT NMD 22
POS.	578-583	TABLE ELEMENT OCC 23
POS.	584-589	TABLE ELEMENT ORP 24
POS.	590-595	TABLE ELEMENT ORG 25
POS.	596-601	TABLE ELEMENT PHT 26
POS.	602-607	TABLE ELEMENT PSY 27
POS.	608-613	TABLE ELEMENT RAD 28
POS.	614-619	TABLE ELEMENT RSP 29
POS.	620-625	TABLE ELEMENT SPA 30
POS.	626-631	TABLE ELEMENT THR 31
POS.	632-637	TABLE ELEMENT SDS 32
POS.	638-643	TABLE ELEMENT EXC 33
POS.	644-649	TABLE ELEMENT NAC 34
POS.	650-655	TABLE ELEMENT MNC 35
POS.	656-700	FILLER (SPACES)

1994-? UB82 YEAR-TO-DATE FILE

POS.	1-7	PROVIDER NUMBER
POS.	8-13	DISCHARGE DATE
POS.	14-25	PATIENT CONTROL NUMBER
POS.	26-26	RECORD ID NUMBER
POS.	27-35	MEDICAL RECORD NUMBER
POS.	36-41	ADMISSION DATE
POS.	42-45	ACU DAYS
POS.	46-49	SNF DAYS
POS.	50-53	ICF DAYS
POS.	54-57	RESIDENTIAL DAYS
POS.	58-59	PATIENT STATUS CODE
POS.	60-64	ZIP CODE
POS.	65-68	RESIDENCE CODE
POS.	69-69	MARITAL STATUS
POS.	70-70	PATIENT SEX
POS.	71-71	RACE
POS.	72-79	BIRTH DATE
POS.	80-98	PATIENT LAST NAME
POS.	99-99	MIDDLE INITIAL
POS.	100-109	PATIENT FIRST NAME
POS.	110-110	HISPANIC ETHNICITY
POS.	111-112	ADMISSION HOUR
POS.	113-113	ADMISSION TYPE
POS.	114-114	READMISSION
POS.	115-115	ADMISSION SOURCE
POS.	116-116	EMPLOYEE INFORMATION 1
POS.	117-117	EMPLOYEE STATUS 1
POS.	118-118	EMPLOYEE INFORMATION 2
POS.	119-119	EMPLOYEE STATUS 2
POS.	120-122	PRIMARY PAYOR CODE
POS.	123-124	SECONDARY PAYOR CODE
POS.	126-128	TERTIARY PAYOR CODE
POS.	129-147	INSURED-S IDENTIFICATION NUMBER
POS.	148-152	TRANSFER IN CODE
POS.	153-157	TRANSFER OUT CODE
POS.	158-169	ATTENDING PHYSICIAN LICENSE
POS.	170-170	PHYSICIAN SPECIALITY CODE
POS.	171-176	ATTENDING UPIN
POS.	177-188	SURGEON LICENSE
POS.	189-194	SURGEON UPIN
POS.	195-199	E-CODE
POS.	200-200	INJURY CODE
POS.	201-201	CONDITION CODE
POS.	202-202	DNR (DO NOT RESUSCITATE)
POS.	203-211	MOTHER-S MEDICAL RECORD NUMBER
POS.	212-215	BIRTH WEIGHT
POS.	216-216	APGAR SCORE
POS.	217-221	PRIMARY DIAGNOSIS CODE

1994-? UB82 YEAR-TO-DATE FILE

POS.	222-226	SECOND DIAGNOSIS CODE
POS.	227-231	THIRD DIAGNOSIS CODE
POS.	232-236	FOURTH DIAGNOSIS CODE
POS.	237-241	FIFTH DIAGNOSIS CODE
POS.	242-246	SIXTH DIAGNOSIS CODE
POS.	247-251	SEVENTH DIAGNOSIS CODE
POS.	252-256	EIGHT DIAGNOSIS CODE
POS.	257-261	NINTH DIAGNOSIS CODE
POS.	262-265	PRIMARY PROCEDURE CODE
POS.	266-271	PRIMARY PROCEDURE DATE
POS.	272-275	SECOND PROCEDURE CODE
POS.	276-281	SECOND PROCEDURE DATE
POS.	282-285	THIRD PROCEDURE CODE
POS.	286-291	THIRD PROCEDURE DATE
POS.	292-295	FOURTH PROCEDURE CODE
POS.	296-301	FOURTH PROCEDURE DATE
POS.	302-305	FIFTH PROCEDURE CODE
POS.	306-311	FIFTH PROCEDURE DATE
POS.	312-315	SIXTH PROCEDURE CODE
POS.	316-321	SIXTH PROCEDURE DATE
POS.	322-325	SEVENTH PROCEDURE CODE
POS.	326-331	SEVENTH PROCEDURE DATE
POS.	332-335	EIGHT PROCEDURE CODE
POS.	336-341	EIGHT PROCEDURE DATE
POS.	342-344	HOSPITAL DRG NUMBER
POS.	345-347	BILL TYPE
POS.	348-351	ESTIMATED RESPONSIBILITY PRIMARY PAYOR
POS.	352-355	ESTIMATED RESPONSIBILITY SECONDARY
POS.	356-359	ESTIMATED RESPONSIBILITY TERTIARY PAYOR
POS.	360-363	ESTIMATED RESPONSIBILITY PATIENT
POS.	364-367	TOTAL ESTIMATED RESPONSIBILITY
POS.	368-371	TOTAL CHARGES
POS.	372-377	TABLE ELEMENT MSA 1
POS.	378-383	TABLE ELEMENT OBS 2
POS.	384-389	TABLE ELEMENT PED 3
POS.	390-395	TABLE ELEMENT PSA 4
POS.	396-401	TABLE ELEMENT BCU 5
POS.	402-407	TABLE ELEMENT ICU 6
POS.	408-413	TABLE ELEMENT CCU 7
POS.	414-419	TABLE ELEMENT NNI 8
POS.	420-425	TABLE ELEMENT NBN 9
POS.	426-431	TABLE ELEMENT EMR 10
POS.	432-437	TABLE ELEMENT CLN 11
POS.	438-443	TABLE ELEMENT HHA 12
POS.	444-449	TABLE ELEMENT ANS 13
POS.	450-455	TABLE ELEMENT CCA 14
POS.	456-461	TABLE ELEMENT DEL 15
POS.	462-467	TABLE ELEMENT DIA 16
POS.	468-473	TABLE ELEMENT DRU 17

1994-? UB82 YEAR-TO-DATE FILE

POS.	474-479	TABLE ELEMENT EKG 18
POS.	480-485	TABLE ELEMENT LAB 19
POS.	486-491	TABLE ELEMENT MSS 20
POS.	492-497	TABLE ELEMENT NEU 21
POS.	498-503	TABLE ELEMENT NMD 22
POS.	504-509	TABLE ELEMENT OCC 23
POS.	510-515	TABLE ELEMENT ORP 24
POS.	516-521	TABLE ELEMENT ORG 25
POS.	522-527	TABLE ELEMENT PHT 26
POS.	528-533	TABLE ELEMENT PSY 27
POS.	534-539	TABLE ELEMENT RAD 28
POS.	540-545	TABLE ELEMENT RSP 29
POS.	546-551	TABLE ELEMENT SPA 30
POS.	552-557	TABLE ELEMENT THR 31
POS.	558-563	TABLE ELEMENT SDS 32
POS.	564-569	TABLE ELEMENT EXC 33
POS.	570-575	TABLE ELEMENT NAC 34
POS.	576-581	TABLE ELEMENT MNC 35
POS.	582-582	ERROR FLAG
POS.	583-585	AGE
POS.	586-589	LENGTH OF STAY (LOS)
POS.	590-590	SDS FLAG
POS.	591-593	DRG 1
POS.	594-596	DRG 2
POS.	597-598	MDC
POS.	599-599	GRP RETURN CODE
POS.	600-603	FIRST GROUPER O.R. PROC CODE
POS.	604-607	SECOND GROUPER O.R. PROC CODE
POS.	608-611	THIRD GROUPER O.R. PROC CODE
POS.	612-615	FOURTH GROUPER O.R. PROC CODE
POS.	616-620	FIRST GROUPER DIAGNOSIS CODE
POS.	621-625	SECOND GROUPER DIAGNOSIS CODE
POS.	626-630	THIRD GROUPER DIAGNOSIS CODE
POS.	631-635	FOURTH GROUPER DIAGNOSIS CODE
POS.	636-636	GROUPER TRAUMA FLAG (1995->)
POS.	637-695	FILLER (SPACES)
POS.	696-700	AGE IN DAYS (1996->)

TO: 1994/1995 UB-92 Data Purchasers and Users

FROM: John Polito, Health Data Specialist I
Research and Development
Health Care Systems Analysis

DATE: January 30, 1997

SUBJECT: Update Notice to 1994/1995 Data

Since the distribution of 1994/1995 data, several problems have been identified and worthy of mention in this second update notification.

Memorial Hospital of Burlington County (3100570), beginning April 1994 and continuing through 1995, mapped payor codes for some of the Hospital's Medicare patients to other payor groups. These patients were reported incorrectly as follows:

<u>1994</u>	<u>1995</u>	
846	959	Medicare case reported as Medicaid
20	18	Medicare case reported as Maternal and Child Health
1	5	Medicare case reported as Champus

Deborah Heart and Lung Center (3100310) reported only Principal Diagnosis Codes at the time of Admissions through June 1995.

If you need further details or want to discuss any of the above updates, call my office at (609) 984-7651.

John Polit

TO: 1995, 1996 and 1997 UB-92 Data Purchasers and Users

FROM: John Polito, Health Data Specialist I
Research and Development

DATE: May 28, 1999

SUBJECT: Correction Notice to 1995, 1996 and 1997 UB-92 Data

Since the distribution of 1995, 1996 and 1997 data a problem with Clara Maass Medical Center (3100090) was identified and worthy of mention.

Clara Maass has determined that maternal deaths in DRG 373, for the above years, were reported in error.

Please delete 1995, 1996 and 1997 discharges meeting the following criteria:

DRG = 373
Discharge = 20
Hospital = 9

If you need further detail, contact my office at (609) 984-7651.

John Polito

c: Vincent P. Yarmlak

